# **North Carolina 911 Board Grant Application**

**PSAP Grant Fiscal Year 2026**

***IMPORTANT: Read this grant application in its entirety. All information required in each section of this application must be included with the grant application. Applications will not be evaluated if any information requested in each section is omitted. There will be no request from staff to provide omitted information. It is the responsibility of the applicant to ensure inclusion.***

**This is a competitive grant process available only to Primary PSAPs. All applicants must answer all questions in the “General Information” section. Each PSAP/jurisdiction may only submit one Grant Application per cycle. Grant awards, if any, may include partial funding and other conditions as determined by the Board. Grant awards are not negotiable but may be declined if the applicant cannot perform the grant as awarded.**

* **The FY2026 Grant Application has been created in Microsoft Word for ease of completion. It is recommended you download this Application into Microsoft Word to enter, cut, paste, and edit as needed.**
* **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 you will not need to make any changes. 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.**
* **Do not use the grant process to request additional seats over the Board-approved seat count. Any potential increase in approved seat count is not part of the grant application process. This requires adherence to the funding position policy and submission process. No award will be granted above the approved seat count.**
* **PSAP Facility Grant: For any Primary PSAP seeking funds to construct or remodel a facility, follow the instructions in Addendum A to show funding sources and determine the maximum allowable funding.**
* **Applications will not be considered if eligibility is not determined, or the detailed information is omitted. All requests for assistance with eligibility review related to this grant project are due to the PSAP Eligibility email** **PSAPEligibilityRequest@nc.gov** **by May 1, 2025. All eligibility review submissions will be processed on a first come, first serve basis. Please keep in mind, due to anticipated interest in the grant program, Board staff will have limited time to assist with the review, and every request for eligibility review may not be granted due to the number received. To expedite the review of your eligibility request, you must perform your initial review providing comments and questions with your eligibility review submission. This will assist in a timelier review of your eligibility inquiry. There must be a detailed list stating all eligible and non-eligible expenditures. If staff reviewed quote(s) for eligibility, that final determination must be submitted with the application.**
* **After an application has been 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 the Regional Coordinator to determine what may be done regarding the application.**
* **Once completed, the application, along with any accompanying documents, must be emailed to** **911GrantProgram@nc.gov** **with the subject line stating the “[PSAP Name] FY2026 Grant Application.” Applications will only be accepted via email. Copying other staff members on your submission is not necessary. Any application received from the U. S. Postal Service, fax, or other media will NOT be accepted. The deadline for filing is 11:59 pm on Friday, May 30, 2025. NO APPLICATIONS WILL BE ACCEPTED AFTER THE DUE DATE. If you have any questions, please contact Sarah Templeton at** **sarah.templeton@nc.gov** **or 919-754-6103. You may also contact your Regional Coordinator.**
* **Once you have submitted the application to** **911GrantProgram@nc.gov** **including all necessary attachments, you will receive a reply email within 24 hours advising the grant application has been received. If you DO NOT receive the confirmation email within 24 hours, contact Stephanie Conner at** **stephanie.conner@nc.gov** **or 919-754-6705. It is the responsibility of the applicant to verify receipt of the submission.**

# **I understand the information provided on the grant application will be the basis for the review by the Board and used to draft the grant agreement. Therefore, it is essential that all information be correct in this grant application.**

 [ ]  Read and understood the above requirements.

# **General Information**

***Applicant PSAP Name***

Click or tap here to enter text.

***Project Title***

Click or tap here to enter text.

***PSAP Director***

Click or tap here to enter text.

***Project Manager/Contact Name***

Click or tap here to enter text.

***Project Manager/Contact Title***

Click or tap here to enter text.

***Address***

Click or tap here to enter text.

***Phone***

Click or tap here to enter text.

***Email***

Click or tap here to enter text.

***FY2026 Grant Program Tier Designation***

**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 current 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).**

Click or tap here to enter text.

***FY2026 Grant Program Workshop***

**Attendance at the FY2026 PSAP Grant Program Workshop, which was held virtually on Wednesday, March 26, 2025, is required for all grant applicants. If more than one PSAP/jurisdiction is participating in a joint/collaborative Application, all PSAP/jurisdictions involved were required to attend the workshop. Please list the name, title, and PSAP/jurisdiction of each attendee.**

Click or tap here to enter text.

***FY2026 Grant Program Miscellaneous Information***

1. **Has the Revenue/Expenditure report for FY2024 been submitted and approved by the NC 911 Board Fiscal Staff for the applicant PSAP? \*The FY2024 Expenditure report must be finalized and approved by Thursday, May 15, 2025. (This includes any funds that may need to be repaid to the Emergency Telephone System Fund (ETSF).)**

 [ ] **Yes** [ ] **No**

***FY2026 Grant Program Priorities***

**The NC 911 Board has established five (5) Priorities for the FY2026 Grant Cycle:**

1. **Priority 1** **– Regional Initiative with Focus on Primary PSAP Consolidations (Two or more PSAPs consolidated into one entity.)**
2. **Priority 2** **– 911 Call Data Interoperability – CAD Data Sharing, or Multiple PSAP Shared/Hosted CAD.**
3. **Priority 3 – End of Life Equipment Replacement – Ineligible components of Radio, CAD (excluding RMS/JMS), and/or Recorder Only.**
4. **Priority 4 – PSAP Cybersecurity Initiatives**
5. **Priority 5 – Other (Facility Grants based on Square Footage Allocation and Tier Status)**

**Please indicate the Priority that reflects your grant request. In the “Project Description” section, you will provide details of your project. The priority selection here and in the project description must match.**

Click or tap here to enter text.

***FY2026 Grant Program Project Cost and Funding Sources***

**For Priority 2, 3, 4, and 5: Please use this source of funds table to summarize the project costs and sources of funds. Please double click in the cell to open the table. Once complete, close out of the table to transfer data.**

**For Priority 1: Please use Addendum A of the Application instead of this source of funds table.**

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**\*The above-referenced project cost and sources of funds must clearly identify the complete funding of the project. The applicant must detail how the funds will be utilized in the project overview, which needs to be completed in the appropriate grant priority section. Failure to provide the foregoing information will result in disqualification of the application from further consideration or assignment of a different priority (if the applicant does not adequately support its selected priority). If a revised quote is received after grant application submission or grant funding award, this will not increase the grant award amount or use of ETSF indicated in the source of funds table.**

## **Project Description**

1. **Project Overview**
2. **Provide a complete and succinct overview of the project, including identifying all PSAPs that will participate in the project. Specifically, describe how the project will improve 911 services to the communities served.**

Click or tap here to enter text.

1. **Provide a timeline the PSAP will follow for the project as required by law for the grant agreement. The timeline must include a start date (not earlier than execution of grant agreement), end date, number of months to complete the project, and estimated milestones.**

Click or tap here to enter text.

1. **Describe how the project will leverage the Statewide ESInet, collaborative continuity planning, and emerging Next Generation 911 technologies.**

Click or tap here to enter text.

1. **For grant projects involving one or more Primary PSAPs:**

 **Provide evidence that clearly identifies Interlocal Agreements (ILAs) between all participating jurisdictions, indicating each jurisdiction’s responsibilities relating to the project, how the jurisdictions and PSAPs will collaborate, and how resources will be allocated or shared.** **In lieu of ILAs, letters of intent must be submitted as a part of the grant application. ILAs will be required prior to the Board entering into a grant agreement for any consolidation or co-location.**

Click or tap here to enter text.

**IMPORTANT: All information for this section must be included with the grant application. Applications will not be considered if this information is omitted. There will be no request from staff to provide omitted information. It is the responsibility of the applicant to ensure inclusion.**

 [ ]  Read and understood the above requirements.

1. **Fiscal Overview**
2. **How will this project improve the fiscal efficiencies of all participating jurisdictions?**

Click or tap here to enter text.

1. **For grant projects involving one or more Primary PSAPs:**

 **What will be the financial commitment from the participating jurisdictions to ensure the success of the project? Please include information about the Emergency Telephone System Fund, general funds, and any non-911 Board grants budgeted for the project or for the PSAP operations and expenses.**

Click or tap here to enter text.

1. **Describe the sustainability of the project. 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. Note that costs funded through a grant are not eligible 911 expenses and will not be funded through the monthly distributions to PSAPs (see the attached Grant Policy). Ineligible expenses will be the responsibility of the participating jurisdictions.**

Click or tap here to enter text.

**IMPORTANT: All information for this section must be included with the grant application. Applications will not be considered if this information is omitted. There will be no request from staff to provide omitted information. It is the responsibility of the applicant to ensure inclusion.**

[ ]  Read and understood the above requirements.

1. **Organizational Management and Operational Overview**
2. **How will daily operations change with this project?**

Click or tap here to enter text.

1. **Who will be the managing entity, how will operational decisions be made, and how will the organizational structure and staffing change?**

Click or tap here to enter text.

1. **This application must include the number of seats (console positions) and state how many have been approved by the Board~~.~~ Grant funding will not provide any equipment or service funding for non-approved Board seats. If a PSAP is seeking a facility grant, the funding formula in Addendum A must be used.**

Click or tap here to enter text.

**IMPORTANT: All information for this section must be included with the grant application. Applications will not be considered if this information is omitted. There will be no request from staff to provide omitted information. It is the responsibility of the applicant to ensure inclusion.**

[ ]  Read and understood the above requirements.

1. **Project Costs and Documentation**
2. **Describe the overall project budget including a detailed list of each expenditure in the project based upon the number of Board-approved seats with its cost, if the cost is one-time or recurring, the funding stream/cost category that will be used to pay the cost, and why each is needed. Include any equipment to be reused and equipment or other items to be purchased. Separate the categories to include:**
* **General Funds Provided by the PSAP Applicant(s)**
* **Non-911 Board Funded Grants**
* **911 Fund Balance to be Applied to this Project (ETSF Eligible Expense)**
* **911 Annual Distribution to be Applied to this Project (ETSF Eligible Expense)**
* **Potential Amount via Funding Reconsideration (ETSF Eligible Expenses)**
* **Amount Requested via 2026 PSAP Grant Application (Non-eligible Expenses)**

Click or tap here to enter text.

1. **How will you ensure all old and new equipment/software/infrastructure will be compatible? If equipment is end-of-life, provide documentation from the vendor validating the status.**

Click or tap here to enter text.

1. **Provide detailed quote(s) including itemized costs/pricing, scopes of work, and any applicable diagrams (i.e., radio and furniture diagrams). Ensure this information is attached with the grant application.**

Click or tap here to enter text.

1. **Please provide a copy of your PSAP(s) most recent Financial Planning Tool that includes technology replacements and/or enhancements and identify how the project fits within it.**

Click or tap here to enter text.

***\*Applications will not be considered if eligibility is not determined, or the detailed information is omitted. All requests for assistance with eligibility review related to this grant project are due to the PSAP Eligibility email*** ***PSAPEligibilityRequest@nc.gov*** ***by May 1, 2025. All eligibility review submissions will be processed on a first come, first serve basis. Please keep in mind, due to anticipated interest in the grant program, Board staff will have limited time to assist with the review, and every request for eligibility review may not be granted due to the number received. To expedite processing your eligibility review request, you must perform your initial review and provide comments and questions with your eligibility review submission. This will assist in a timelier review of your eligibility inquiry. There must be a detailed list stating all eligible and non-eligible expenditures. If staff reviewed quote(s) for eligibility, that final determination must be submitted with the application.***

[ ]  Read and understood the above requirements.

**IMPORTANT: All information for this section must be included with the grant application. Applications will not be considered if this information is omitted. There will be no request from staff to provide omitted information. It is the responsibility of the applicant to ensure inclusion.**

[ ]  Read and understood the above requirements.

1. **Project Oversight**
2. **Identify the project manager and/or review panel, including names (if known) and roles, as they apply to the project.**

Click or tap here to enter text.

1. **Explain in detail how the project manager and/or review panel will provide project structure and perform project oversight, including budget management.**

Click or tap here to enter text.

1. **Explain how the project will be completed by identifying the project goals, objectives, timeline, benchmarks, and deliverables, noting any ramifications if they are not met.**

Click or tap here to enter text.

**IMPORTANT: All information for this section must be included with the grant application. Applications will not be considered if this information is omitted. There will be no request from staff to provide omitted information. It is the responsibility of the applicant to ensure inclusion.**

[ ]  Read and understood the above requirements.

**Addendum A: *FY2026 Grant Program PSAP Facility Grant Construction/Renovation Formula and Project Cost and Funding Sources Table***

***FY2026 Grant Program Workshop***

**Attendance at the FY2026 PSAP Grant Program Workshop was held virtually on Tuesday, March 26, 2025, and required for all grant applicants. All grant applicants seeking funds for PSAP construction or renovation were required to stay through the entire presentation, including the portion discussing this Addendum. If more than one PSAP/jurisdiction is participating in a joint/collaborative Application, all PSAP/jurisdictions involved were required to attend the workshop and participate in the discussion of this Addendum. Please list the name, title, and PSAP/jurisdiction of each attendee.**

Click or tap here to enter text.

**For PSAPs seeking a grant for facility funding (Priorities 1 or 5), note the following formula, which must be used to determine the maximum allowable amount of funding for square footage:**

* **Square Footage Allocation Formula – Use only the current Board-approved seat count to complete this formula table.**
	+ **Multiply the number of Primary PSAP Board-approved seats by 150. This will be the communications/operations area square footage.**
	+ **Multiply the communications/operations area square footage by 67%. This will be the equipment and mechanical room square footage.**
	+ **Add the communications/operations square footage to the equipment and mechanical room square footage and multiply by 1.6. This will be the critical support space total square footage.**
	+ **Combine all total square footage totals (communications/operations; equipment and mechanical; and critical support space). This will be the maximum total square footage for your facility grant.**
	+ **Use the table below to create the total square footage pursuant to this formula. After you enter the number of Board-approved seats, the rest will automatically calculate the square footage totals.**
	+ **Multiply the square footage by the estimated price per square footage, based upon the design and build estimate from vendor(s), to calculate the amount of grant funds requested for construction.**
	+ **The construction grant funds will not include purchases for technology, furniture, etc. and those requested items must be listed separately in the Project Costs, found in Section 4 of this Application, and must be based upon the number of Board-approved seats.**

**Please double click in the cell to open the table. Once complete, close out of the table to transfer data.**

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**For any requested communications/operations area floor space above that based on the Board-approved seat count, the PSAP must complete the rows in “Floor Space Above Board-Approved Seat(s) Only for Primary PSAP” and/or “Dedicated Floor Space for Board-Approved Backup PSAP(s) Seats in Primary PSAP” as applicable in the table.**

**The request for “Floor Space Above Board-Approved Seat(s) Only for Primary PSAP” means that the Primary PSAP is seeking additional communications/operation area floor space to allow the PSAP to expand its own staffing in the future. As part of the request for the “Floor Space Above Board-Approved Seat(s) Only for Primary PSAP,” the PSAP must provide supporting documentation for any seat requested above the 911 Board-approved seat count. As each locality is different, it is the responsibility of the applicant to provide supporting documentation that shows demographics, statistics, comprehensive plans, etc., that demonstrate the specific need for additional communications/operations floor space. The request for any space above that allowed by the standard formula set forth above will be considered on a case-by-case basis. This request for additional space will only be taken into consideration by the Board in its review of the grant application and there is no guarantee of award for either the standard formula funding nor the additional funding requested by the locality. Note, a grant cannot be used to increase the Board-approved seat count. Any requests for seat count increases or eligibility of funds to equip extra seats or positions must follow the applicable Board policy that addresses those requests.**

**The request for “Dedicated Floor Space for Board-Approved Backup PSAP(s) Seats in the Primary PSAP” means the Primary PSAP is already serving as a Board-approved backup for another Primary PSAP(s), and will need to continue to have communications/operations area floor space for its partner Primary PSAP(s). Provide the name(s) of the Primary PSAP(s) for which your facility is serving as the Board-approved backup PSAP.**

Click or tap here to enter text.

**The percentage of potential maximum allowable for the total grant submission is Tier-1 at 90%, Tier-2 at 85%, Tier-3 at 80%, and consolidation of two or more Primary PSAPs with a potential maximum allowable of 100%. Radio system towers are excluded from facility grant consideration.**

[ ]  Read and understood the above requirements.

**Priority 1 Only Funding Source Table: Please use this table to summarize the project costs and sources of funds. Please double click in the cell to open the table. Once complete, close out of the table to transfer data.**

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**The NC 911 Board Grant Policy and Consolidation Policy are provided below for reference.**

**\*\*\* Note: While the grant opportunity restricts a Primary PSAP from having two open grants, for the FY2026 grant cycle, the portable radio grant does not apply to this limitation.**







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