# **North Carolina 911 Board Grant Application**

**PSAP Grant Fiscal Year 2023**

***IMPORTANT: Read 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 applicant to ensure inclusion.*This is a competitive grant process. 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 FY 2023 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.**

**\*\*\*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 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.**

**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 if modifications are possible.**

**Once completed, the application, along with any accompanying documents, must be emailed to** **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 11:59 pm on Tuesday, May 31, 2022. NO APPLICATIONS WILL BE ACCEPTED AFTER THE DUE DATE. If you have any questions, please contact Pokey Harris at** **pokey.harris@nc.gov** **or 919-754-6621. You may also contact your Regional Coordinator.**

**Once you have submitted the application 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 Pokey Harris at** **pokey.harris@nc.gov** **or 919-754-6621. It is the responsibility of the applicant to verify receipt of the submission.**

# **General Information**

***Applicant PSAP Name*** Choose an item.

***Project Title***

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***Project Director***

****

***Project Contact***

****

***Project Contact Title***

****

***Address***

****

***Phone* *Email***

**  ****

***FY 2023 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).**

Choose an item.

***FY 2023 Grant Program Workshop***

**Attendance at the FY 2023 PSAP Grant Program Workshop was held virtually on Thursday, March 24, 2022, and 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.

***FY 2023 Grant Program Miscellaneous Information***

1. **Has the Revenue/Expenditure report for FY2021 been submitted and approved by the NC 911 Board Fiscal Staff for the applicant PSAP? \***

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

***\*If you have not received approval for your FY2021 report, please e-mail Kristen Falco at*** ***kristen.falco@nc.gov*** ***(South Central and Eastern Region) or Sarah Templeton at*** ***sarah.templeton@nc.gov*** ***(North Central and Western Region) and copy your Regional Coordinator no later than April 8, 2022, to arrange a date and time for a review appointment. Please include three (3) dates and times you are available to meet via phone and/or Microsoft Teams Meeting. 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 May 15, 2022.***

1. **What is the date of your approved backup plan?**

Click or tap here to enter text.

1. **Have you revised your backup plan since migration to the ESInet?**

Click or tap here to enter text.

1. **What is the date of the last activation and/or test of your backup plan? If you have not tested your approved backup plan, please explain why.**

Click or tap here to enter text.

***FY 2023 Grant Program Priorities***

**The NC 911 Board has established five (5) Priorities for the FY 2023 Grant Cycle:**

1. **Priority 1** **- Regional Initiative with Focus on Primary PSAP Consolidations (Two or more PSAPs consolidated into one entity.)**
2. **Priority 2** **- CAD Data Interoperability – CAD Data Sharing, CAD to CAD, or multiple PSAP Shared/Hosted CAD.**
3. **Priority 3 - Replacing End of Life Equipment – Radio, CAD, and/or Recorder only.**
4. **Priority 4 - Cybersecurity**
5. **Priority 5 - Other**

**Please indicate the Priority that reflects your grant request. In the “Project Description” section on page (6) six, you will provide details of your project. The priority selection here and on page (6) six must match.**

 **Choose an item.**

***FY 2023 Grant Program Project Cost and Funding Sources***

**Please use this table to summarize the project costs and sources of funds:**

|  |  |
| --- | --- |
| **Total Project Cost** | Click or tap here to enter text. |
| **General Funds Provided by the PSAP Applicant(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 Amount via Funding Reconsideration (911 Eligible Expenses)** | Click or tap here to enter text. |
| **Amount Requested via 2022 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 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 may 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).**

## **Project Description**

1. **Project Overview**
2. **Provide a complete and succinct overview of the project. Include all PSAPs that will participate in the project, the timeline and implementation plan.**

Click or tap here to enter text.

1. **Specifically describe how the project will improve 911 services to the communities served.**

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. **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 contract for any consolidation or colocation.**

Click or tap here to enter text.

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

Click or tap here to enter text.

1. **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 and general funds 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.

***\*All eligibility submissions related to this grant project are due to the PSAP Eligibility email*** ***PSAPEligibilityRequest@nc.gov*** ***by May 1, 2022. All eligibility submissions will be reviewed on a first come, first serve basis. Please keep in mind, due to anticipated interest in the grant program, Board staff time will be limited to assist with the review. To expedite the review of your eligibility request, we recommend you perform your initial review providing comments and questions. This will assist in a timelier review of your eligibility inquiry. There must be a detailed list of eligible and non-eligible expenditures. Applications will not be evaluated if this information is omitted.***

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? Include the number of seats (console positions) and how many have been approved by the Board. 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.**

Click or tap here to enter text.

1. **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.

1. **Project Costs and Documentation**
2. **Provide an overall project budget by inserting it here.**

Click or tap here to enter text.

1. **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 any equipment to be reused and equipment or other items to be purchased. Must be inserted here or included with the grant application.**

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. **Identify cost categories using the table in the Grant Funding and Project Cost section.**

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 included with the grant application by inserting here, or attaching to the grant application.**

Click or tap here to enter text.

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 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.

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







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