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| --- | --- |
| **Applicant 1: Lead Applicant (County)**  | [Insert the name of the **COUNTY, who will serve as lead on this joint or multi-jurisdictional application,** unless you are Sikeston or the City of St. Louis, in which case list your city] |
| **Applicant 1:** **Lead Elected Emergency Services Board**, if applicable | [If applicable, insert the name the elected emergency services board of the lead applicant county. This applies to counties with a county-level sales tax dedicated to 911, pursuant to 190.335 RSMo or 190.292. Or put N/A] |
| **Applicant 1:** **Lead 911 Entity**  | [Insert the name of lead 911 entity responsible for the implementation of this project (i.e. PSAP Name)] |
| Has the organization has completed the MO 911 Service Board’s most recent Annual PSAP Survey [check yes or no] [ ]  Yes [ ]  No *(If not, please complete the latest survey found here to be eligible to apply for this grant* [*https://www.missouri911.org/psaps*](https://www.missouri911.org/psaps)*)*  |
| **Project Title**  | [Insert a one-line description of the proposed project] |
|  |
| **Additional Applicants (Counties)**  | **Applicant 2:** [County Name]* **Elected Emergency Board, if applicable:** [If applicable, insert the names of the elected emergency services boards of additional county applicants. This applies to counties with a county-level sales tax dedicated to 911, pursuant to 190.335 RSMo or 190.292. Or put N/A]
* **911 Entity:** [Insert Name of PSAP or other 911 entity involved in the project]

**Applicant 3:** [County Name]* **Elected Emergency Board, if applicable:** [If applicable, insert the names of the elected emergency services boards of additional county applicants. This applies to counties with a county-level sales tax dedicated to 911, pursuant to 190.335 RSMo or 190.292. Or put N/A]
* **911 Entity:** [Insert Name of PSAP or other 911 entity involved in the project]

\*repeat as needed for additional applicants |
|  | Have all 911 entities included in this application completed the MO 911 Service Board’s most recent Annual PSAP Survey [check yes or no] [ ]  Yes [ ]  No *(If not, please complete the latest survey found here to be eligible to apply for this grant* [*https://www.missouri911.org/psaps*](https://www.missouri911.org/psaps)*)*  |
| **PROPOSAL NARRATIVE1. Names and Primary Contact Information** |
| **Contact Information** | **Applicant 1 (Lead Applicant):** [County Name][Insert name of a contact person from a **County Commissioner**, or other representative of the lead applicant county’s governing body.] [Title] [Address][Telephone][Email] [If applicable, insert the name of a contact person from a county -elected 911 Board created pursuant to RSMo 190.335 or 190.292. This section is only applicable if you have a county 911 sales tax.][Title] [Address][Telephone][Email] [Insert name of a primary contact person from the lead project lead organization, or 911 entity participating in this project. If your county has a county-elected 911 Board created pursuant to RSMo 190.335 or 190.292 this person may have already been listed under “Elected Emergency Services board”] [Title] [Address][Telephone][Email] **PLEASE HIGHLIGHT OR OTHERWISE INDICATE PRIMARY CONTACT PERSON FROM LEAD APPLICANT 1 ABOVE– this person will serve as the primary contact person for the purposes of this project****Applicant 2:** [County Name][Insert name of a primary contact person from Applicant 2’s 911 entity participating in this project. If your county has a county-elected 911 Board created pursuant to RSMo 190.335 or 190.292 this person may have already been listed under “Elected Emergency Services board”] [Title] [Address][Telephone][Email] **Applicant 3:** [County Name][Insert name of a primary contact person from Applicant 3’s 911 entity participating in this project. If your county has a county-elected 911 Board created pursuant to RSMo 190.335 or 190.292 this person may have already been listed under “Elected Emergency Services board”] [Title] [Address][Telephone][Email] \*repeat as needed for additional applicants |
| **Other Contacts** | [Please insert names and contact information for anyone else you would like copied on correspondence with the MO 911 Service Board in relation to this project] [Title] [Telephone][Email] [add additional lines as needed]\*repeat as needed |
| **2. Jurisdiction Information** |
| **Number PSAPs in the applicants’ counties** or if you are in Sikeston or the City of St. Louis, in your city | Applicant 1: [County Name] * Number of PSAPs:

Applicant 2: [County Name] * Number of PSAPs:

Applicant 3: [County Name] * Number of PSAPs:
 |
| Number of constituents served by the project | [Insert **number** of constituents that will be served by this project]  |
| Describe your service area | [Provide a brief description of the population and geographic area being served by this project] |
| Service Levels:  | Applicant’s **current service level** Applicant 1: **[County Name]** [ ]  Basic (No 911) [ ]  Enhanced (Only Wireline)[ ]  Phase I (Wireless number only)[ ]  Start Phase II[ ]  Phase II (Latitude/Longitude)Applicant 2: **[County Name]** [ ]  Basic (No 911) [ ]  Enhanced (Only Wireline)[ ]  Phase I (Wireless number only)[ ]  Start Phase II[ ]  Phase II (Latitude/Longitude)Applicant 3: **[County Name]** [ ]  Basic (No 911) [ ]  Enhanced (Only Wireline)[ ]  Phase I (Wireless number only)[ ]  Start Phase II[ ]  Phase II (Latitude/Longitude) | Applicant’s **service level upon project completion**Applicant 1: **[County Name]** [ ]  Basic (No 911) [ ]  Enhanced (Only Wireline)[ ]  Phase I (Wireless number only)[ ]  Start Phase II[ ]  Phase II (Latitude/Longitude)Applicant 2: **[County Name]** [ ]  Basic (No 911) [ ]  Enhanced (Only Wireline)[ ]  Phase I (Wireless number only)[ ]  Start Phase II[ ]  Phase II (Latitude/Longitude)Applicant 3: **[County Name]** [ ]  Basic (No 911) [ ]  Enhanced (Only Wireline)[ ]  Phase I (Wireless number only)[ ]  Start Phase II[ ]  Phase II (Latitude/Longitude) |
| Text-to-911 | Does applicant **currently have** **text-to-911?**Applicant 1: **[County Name]** [ ]  Yes, currently have text-to-911 [ ]  NoApplicant 2: **[County Name]** [ ]  Yes, currently have text-to-911 [ ]  NoApplicant 3: **[County Name]** [ ]  Yes, currently have text-to-911 [ ]  No | Will applicant have **text-to-911 upon project completion?**Applicant 1: **[County Name]**[ ]  Yes, will add text-to-911 or already implemented[ ]  NoApplicant 2: **[County Name]**[ ]  Yes, will add text-to-911 or already implemented[ ]  NoApplicant 3: **[County Name]**[ ]  Yes, will add text-to-911 or already implemented[ ]  No  |
| NG911 Compatibility  | Is applicant’s equipment **currently NG911 compatible and meet the NENA i3 Solution Standard for Emergency Services IP Network?**Applicant 1: **[County Name]** [ ]  Yes, currently NG911 compatible/meets NENA i3 standard for ESInet[ ]  NoApplicant 2: **[County Name]** [ ]  Yes, currently NG911 compatible/meets NENA i3 standard for ESInet[ ]  NoApplicant 3: **[County Name]** [ ]  Yes, currently NG911 compatible/meets NENA i3 standard for ESInet[ ]  No | Will all equipment (hardware, software, etc.) for the proposed project be **NG911 compatible and meet the NENA i3 Standard for Emergency Services IP Network** **at the completion of the project?**Applicant 1: **[County Name]** [ ]  Yes, will become NG911 compatible/meet NENA i3 standard for ESInet or already is compatible/meets standards[ ]  NoApplicant 2: **[County Name]** [ ]  Yes, will become NG911 compatible/meet NENA i3 standard for ESInet or already is compatible/meets standards[ ]  NoApplicant 3: **[County Name]** [ ]  Yes, will become NG911 compatible/meet NENA i3 standard for ESInet or already is compatible/meets standards[ ]  No |
| Emergency Medical Dispatch (EMD) | Does applicant **currently** **use emergency medical dispatch services**, including prearrival medical instructions? Applicant 1: **[County Name]** [ ]  Yes, currently have EMD implemented [ ]  NoApplicant 2: **[County Name]** [ ]  Yes, currently have EMD implemented [ ]  NoApplicant 3: **[County Name]** [ ]  Yes, currently have EMD implemented [ ]  No | Will **emergency medical dispatch services**, including prearrival medical instructions be implemented **upon project completion?**Applicant 1: **[County Name]** [ ]  Yes, will implement EMD or already implemented[ ]  No Applicant 2: **[County Name]** [ ]  Yes, will implement EMD or already implemented[ ]  NoApplicant 3: **[County Name]** [ ]  Yes, will implement EMD or already implemented[ ]  No |
| Mapping/Addressing | Does applicant **currently have mapping and addressing** of all county locations?Applicant 1: **[County Name]** [ ]  Yes, currently have mapping and addressing of county locations and it **does** meet NENA GIS Standards[ ]  Yes, currently have mapping and addressing of county locations but it **does** **not** meet NENA GIS Standards[ ]  NoApplicant 2: **[County Name]** [ ]  Yes, currently have mapping and addressing of county locations and it **does** meet NENA GIS Standards[ ]  Yes, currently have mapping and addressing of county locations but it **does** **not** meet NENA GIS Standards[ ]  NoApplicant 3: **[County Name]** [ ]  Yes, currently have mapping and addressing of county locations and it **does** meet NENA GIS Standards[ ]  Yes, currently have mapping and addressing of county locations but it **does** **not** meet NENA GIS Standards[ ]  No | Will applicant have **mapping and addressing** **of all county locations upon project completion**?Applicant 1: **[County Name]** [ ]  Yes, will implement mapping and addressing of all county locations that meet NENA GIS Standards, or already implemented[ ]  NoApplicant 2: **[County Name]** [ ]  Yes, will implement mapping and addressing of all county locations that meet NENA GIS Standards, or already implemented[ ]  NoApplicant 3: **[County Name]** [ ]  Yes, will implement mapping and addressing of all county locations that meet NENA GIS Standards, or already implemented[ ]  No |
| **3. Funding Request Detail** |
| Total Amount of Funding Requested | [Insert the total amount of funds requested]  |
| Preference for Grant or Loan | [ ]  Grant [ ]  Loan[ ]  Combination - [Insert Amount] Grant; [Insert Amount] Loan |
| Total Project Amount | [If the project total exceeds the amount requested, please indicate the total project amount **and** how the rest will be funded – i.e. by your county, through another award, etc.]  |
| **4. Funding Objectives** |
| Indicate the statutory purposes to be addressed by the 911 communications service project described in the application | Please check all that apply: [ ]  Implementation of 911 services in counties of the state where services do not exist [ ]  Improve existing 911 systems[ ]  Promotion of consolidation of PSAPs, where appropriate[ ]  Mapping and addressing all county locations[ ]  Ensuring primary access and texting abilities to 911 services for disabled residents[ ]  Implementation of initial emergency medical dispatch services, including prearrival medical instructions, in counties where those services are not offered as of the date of the application[ ]  Development and implementation of an emergency services internet protocol network that can be shared by all public safety agencies. |
| **4. Personnel Information** |
| Provide name and title of key personnel performing work on the project, or a job description for vacant positions. | [Insert Name][Insert Title] -insert lines as needed- |
| **5. Approach to Service**:  |
| Provide a **summary of the activities** to occur, including a **workplan, timeline** (that identifies activities start and completion dates) & **key personnel responsible** | [Describe activities to occur, including purchases to be made, training to be completed, etc.] |
| Award Priority Areas to be achieved by the project | Please **check and describe** all that apply: [ ]  Include one or more public safety answering points (“PSAPs”) located in a jurisdiction with a 911 service level of basic (defined by the Board to mean “No 911 equipment”) * If this applies, please list all participating PSAPS:

[ ] Consolidate two or more PSAPs* Please describe approach to consolidation (physical, virtual, etc.):

[ ]  Consolidate 911 services within or across [defined region](https://www.missouri911.org/regions)s;[ ]  Move one or more PSAPs up one or more service levels;[ ]  Meet the NENA i3 Solution Standard for Emergency Services IP Network;[ ]  Become NG9-1-1 compatible; [ ]  Include purchasing 911 communications equipment, that are currently non-existent (versus replacement of existing 911 communications equipment);[ ]  Add Text-to-911 (defined as the ability to send a text message to reach 911 emergency call takers from a mobile phone or device). |
| Report progress and expenditures | Please check below: [ ]  The project lead agrees to submit quarterly reports on progress and expenditures to the Board and a final reconciliation no later than thirty (30) calendar days after project completion  |
| Sustainability | Provide a brief description of how activities in the funded project will be able to be **sustained by the applicants and their 911 Service Authorities beyond the life of the grant or loan** being requested:[Include how you are able to sustain ongoing costs related to this project after implementation including subscription costs, maintenance costs, etc.] |
| **7. Signature and Certification** |
| All applications must be signed by following from the **lead applicant county**: County Commission, or if you are Sikeston or the City of St. Louis, your city governing body If applicable, your county’s Elected Emergency Services Board. This applies to counties with a county-level sales tax dedicated to 911, pursuant to 190.335 RSMo or 190.292. Project Lead Organization, which will typically be a PSAP, but could also be the county commission or elected emergency services boardSee [Attachment 1](https://www.missouri911.org/grants-and-funding-opportunities)  | Please check below: [ ]  I have completed Attachment 1 (Written Signatures and Certifications) found on the Missouri 911 Service Board website (<https://www.missouri911.org/grants-and-funding-opportunities>), including signature from a governing body of my county, and have attached it to or with this application.  |
| MOU for Joint Applications In addition to the signatures required for Attachment 1, the MOU also requires signatures from the lead 911 entity of all applicant counties.  | Please check below: [ ]  I have completed Attachment 2 (MOU for Joint Applicants) found on the Missouri 911 Service Board website (<https://www.missouri911.org/grants-and-funding-opportunities>), and have attached it to or with this application.  |
| **TECHNICAL ASSISTANCE REPORT**1. **Detailed Budget Proposal & Justification**
 |
| **Capital expenses** incurred by the applicants, their 911 Service Authorities or any other source for the purchase of materials, equipment, supplies;**Operating expenses** incurred by the applicants, their 911 Service Authorities or any other source for – personnel, administration or operations;**Training expenses** incurred by the applicants, their 911 Service Authorities or any other source for programs, facilities, travel, and trainers;**Other Direct Costs** incurred by the applicants, their 911 Service Authorities or other sources for the funded project. | List of proposed expenditures: [Example: - XYZ Call processing equipment (Hardware) $30,000- XYZ Call processing equipment software license ( Software or saas) $12,000- XYZ Call processing equipment first year maintenance (current or ongoing maintenance) $3,400- XYZ Call processing equipment training $4,000- XYZ Call processing equipment miscellaneous install or implementation fees $2,000] |
| **Attachments:**  | Please describe any attachments you have included with the technical assistance for this application: * [Examples include project budget sheet, equipment quotes from vendors]
 |
| 1. **Financial Records**
 |
| Financial Recordsand other documents demonstrating that the applicants, through their 911 Service Authorities or otherwise, are capable of operating and maintaining ongoing 911 services after project completion. | Please name and describe any attached financial records: * [Examples of appropriate attachments include PSAP budgets]
 |
| 1. **For Loan Applications Only**
 |
| For loan applications only, financial records and other documents or information demonstrating that the applicants and their 911 Service Authorities are able to provide at least 50% of the funding for the project. | Please describe any attachments you have included with this application: * [Examples of appropriate attachments include PSAP budgets]
 |
| **CHECKLIST:**  |

[ ]  Completed Application

[ ]  Attachment 1: Written Signature and Certification signed by Lead Applicant and Relevant Entities

[ ]  Financial Records Demonstrating Sustainability (PSAP Budget, etc.)

[ ]  If applicable, MOUs with joint, or multi applicant projects