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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 NARRATIVE 1. 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  No    Applicant 2: **[County Name]**  Yes, currently have text-to-911  No    Applicant 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  No  Applicant 2: **[County Name]**  Yes, will add text-to-911 or already implemented  No  Applicant 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  No  Applicant 2: **[County Name]**  Yes, currently NG911 compatible/meets NENA i3 standard for ESInet  No  Applicant 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  No  Applicant 2: **[County Name]**  Yes, will become NG911 compatible/meet NENA i3 standard for ESInet or already is compatible/meets standards  No  Applicant 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  No  Applicant 2: **[County Name]**  Yes, currently have EMD implemented  No  Applicant 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  No  Applicant 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  No  Applicant 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  No  Applicant 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  No  Applicant 2: **[County Name]**  Yes, will implement mapping and addressing of all county locations that meet NENA GIS Standards, or already implemented  No  Applicant 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 board  See [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