



## **Missouri 911 Service Board ARPA 2023 NG911 Funding Cycle -**

### Official Application Questions

#### **Official Form**

- 1) All 911 entities included in this application have completed the MO 911 Service Board's most recent Annual PSAP Survey?

(If not, please complete the latest survey found here to be eligible to apply for this grant <https://www.missouri911.org/psaps>)

- 2) All 911 entities included in this application have read and understood the ARPA Requirements & Reporting Summary?

(If not, please review the ARPA Compliance Materials found on the grants [webpage](#))

- 3) Project Title [E.g. Multi-County NG911 Application - (list counties)]:\*

- 4) Please include a brief project description:

- 5) Project Manager (First Name)

- 6) Project Manager (Last Name)

- 7) Project Manager (Email)

8) Project Manager (Phone Number)

9) Project Manager (Address)

10) How many applicants are on this application?

[Applicants include (1) Counties, (2) Elected Emergency Services Boards, or (3) Regional Planning Commissions. An individual PSAP will fall under one of these applicant types. If you have more than eight applicants, please contact [grants@missouri911.org](mailto:grants@missouri911.org) before proceeding.]

11) How many total PSAPs are included in this project?

### **Applicant Information**

[Applicants include (1) Counties, (2) Elected Emergency Services Boards, or (3) Regional Planning Commissions. An individual PSAP will fall under one of these applicant types. Example: Applicant: [e.g. Cape Girardeau County] Applicant's Participating PSAPs: (e.g. 1. Cape Girardeau 911 Communication. 2. Cape County Sheriff's Office)]

1) Applicant 1 Type (check one)

- County Commission or Eligible City Governing Body
- Elected Emergency Services Board
- Regional Planning Commission

2) Organization Name:

3) Name of Applicant:

4) Email of Applicant:

5) Is the contact listed also the applicant's primary contact for the project?

6) If not, please identify the designated primary contact for this applicant

- Name:
- Organization:
- Email:

7) List of Applicant's Participating PSAPs:

*(Example: Applicant: [e.g. Cape Girardeau County] Applicant's Participating PSAPs: [e.g. 1. Cape Girardeau 911 Communications 2. Cape County Sheriff's Office])*

8) Applicant - Current Service Level:

- Basic (No 911)
- Enhanced (Only Wireline)
- Phase I (Wireless number only)
- Phase II (Latitude/Longitude)

9) Applicant - Service Level Upon Project Completion:

- Basic (No 911)
- Enhanced (Only Wireline)
- Phase I (Wireless number only)
- Start Phase II
- Phase II (Latitude/Longitude)

10) Does Applicant Currently Have Text-to-911?

- Yes, currently have text-to-911
- No
  - If not, please describe how your project will achieve text-to-911:

11) Is applicant's equipment currently NG911 compatible and meet the NENA i3 Solution Standard for Emergency Services IP Network?

- Yes, currently NG911 compatible/meets NENA i3 standard for ESInet
- No
  - If not, please describe how your project will achieve NG911 compatibility:

12) Does applicant currently use emergency medical dispatch services, including prearrival medical instructions?

- Yes, currently have EMD implemented
- No
  - If not, will applicant use EMD upon project completion? Please describe how this will be achieved:

13) Does applicant currently have mapping and addressing of all county locations that meets Missouri 911 Service Board NG911 GIS Standards?

- Yes, currently have mapping and addressing of county locations that meets Missouri 911 Service Board NG911 GIS Standards.
- No
  - If not, has the applicant applied for the Board's NG911 Data Remediation Grant or intends to apply once available?

14) Please upload NG911 GIS Data Remediation PAQ, if applicable, or email to the Board at [grants@missouri911.org](mailto:grants@missouri911.org) upon completion.

15) Does applicant currently have minimum training requirements for all telecommunicators (RSMo 650.340)?

- Yes
- No
  - If not, please describe how your project will achieve minimum training requirements:

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Repeat for Applicants 2 - 8

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**Jurisdiction Information**

1) Number of constituents served by the project?

[Insert **number** of constituents that will be served by this project]

2) Describe the proposed service area:

[Provide a brief description of the population and geographic area being served by this project]

**Funding Objectives**

1) Identify the purposes for which the requested financial assistance will be used:

- Implementation of 911 services in counties of the state where services do not exist
- Improve existing 911 systems
- Promotion of consolidation of PSAPS
- Ensuring primary access and texting abilities to 911

- Implementation of initial emergency medical dispatch services, including prearrival instructions in counties where those services are not offered as of the date the application is submitted
  - Development or connection to an emergency services internet protocol network
- 2) Does your project include the physical or virtual consolidation of two or more PSAPs?
- If Yes - consolidating two or more PSAPs, please describe approach to consolidation (physical, virtual, etc.):
- 3) Please describe how this project moves the applicants towards NG911:
- 4) Would your project address any of the following?
- a) address funding objectives in the most cost efficient way possible
  - b) focus on call-taking and citizen locating
  - c) addresses Missouri's highest need areas
  - d) helps move the state forward as a whole
  - e) helps to address staff shortages
- If so, please describe:

### **Detailed Budget Proposal & Justification**

- 1) Total Amount of Funding Requested:
- 2) Total Project Amount:
- 3) Required match amount:
- 4) Additional Sources of Funding for Project, including a description of in-kind or cash match, if Applicable:

[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.]

5) Match Contributions - All matching funds must be documented with invoices, confirmed payments, and payment dates, and will be subject to approval. **Please attach all related documents.**

6) List of Proposed Expenditures -

Please outline the following:

- a) Capital expenses incurred by the applicants, PSAPs or any other source for the purchase of materials, equipment, supplies.
- b) Operating expenses incurred by the applicants, their 911 Service Authorities or any other source for – personnel, administration or operations.
- c) Training expenses incurred by the applicants, their PSAPs or any other source for programs, facilities, travel, and trainers.
- d) Other Direct Costs incurred by the applicants, their 911 Service Authorities or other sources for the funded project.

*[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]

7) Description of Project Pricing -

[Provide a description of all RFPs issued for this project, where postings were listed, and how the RFPs project pricing was obtained.(i.e. RFP, multiple quotes, single vendor, sole source, etc.) Also include whether a Best and Final Offer (BAFO) has been requested from the vendors.]

8) Attach all RFPs, vendor RFP responses, responses and BAFOs received for this project proposal.

9) Vendor Contact Information:

Please include the following information for each vendor performing work on the project (1) vendor name, (2) Name and title of key vendor contact, (3) email of key contact (4) phone number for key contact:

## **Other Components**

### **Work Plan & Timeline:**

Provide a summary of the activities to occur, including a work plan, outline how your work plan fits within the one-year project timeline required. (that identifies activities start and completion dates) & key personnel responsible. Describe activities to occur, including purchases to be made, training to be completed, etc.

### **Reporting Requirements:**

- 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
  - Y/N
- Project lead agrees to quarterly calls with the Board's NG911 Implementation Manager to discuss progress status.
  - Y/N
- The project lead agrees to engage and cooperate with the Board's NG911 Implementation manager through the application, award, and implementation of project funds.
  - Y/N

### **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 please provide a plan to sustainability.]

### **Applicants' Financial Records:**

Financial Records and other documents demonstrating that the applicants 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, county budgets]

### **Signature and Certification:**

Attachment 1 - Written Signatures and Certifications

Attachment 2 - MOU for Joint Applications