

**MONTANA DEPARTMENT OF ADMINISTRATION  
9-1-1 GRANT PROGRAM  
SFY 2021 APPLICATION FORM**



<b>I. ELIGIBLE APPLICANT INFORMATION</b>	
<p>As provided for in 10-4-306, MCA, the following entities are eligible applicants:</p> <ul style="list-style-type: none"> <li>• private telecommunications providers, and</li> <li>• local government entities that host a certified public safety answering point (PSAP).</li> </ul>	
Legal Name of the Eligible Applicant:	
Tax Identification Number:	
Primary Contact Person (Full Name & Title):	
Address (Street, City and 9-Digit Zip Code):	
Phone Number:	
Email Address:	

<b>II. APPLICATION INFORMATION</b>	
Project Title (Ex: <i>Computer Aided Dispatch Equipment Upgrade</i> ) <sup>1</sup> :	
Total Amount of Grant Funding Requested:	

<b>III. APPLICATION PRIORITY</b>
<p>10-4-306(3) MCA provides for a priority preference for applications from private telecommunications providers or local government entities that host certified PSAPs that are working with a private telecommunications provider.</p> <p>A 9-1-1 emergency communication system requires collaboration between private telecommunications providers and local government PSAPs. Telecommunications providers relay 9-1-1 calls and information to appropriate PSAPs. PSAPs are manned by trained telecommunicators who gather and convey information to appropriate law enforcement, fire, or emergency medical personnel for emergency response. The “working with” application priority preference encourages and supports collaboration between private telecommunications providers and local government PSAPs.</p>

<sup>1</sup> Only submit one project per application

**III. APPLICATION PRIORITY (Continued)**

*Please identify your application's priority preference by placing an "X" in the applicable box:*

Private Telecommunications Provider

Local government entity that hosts a certified PSAP that is working with a private telecommunications provider. **Note:** If you selected this priority preference, you must clearly explain in the space below precisely how you are working with a Telecommunications Provider on the project or equipment you are requesting.

Local government entity that hosts a certified PSAP

**IV. ALLOWABLE USES OF GRANT FUNDS**

10-4-306(2) MCA provides for the allowable uses of 9-1-1 grant funds including: emergency telecommunications systems plans; project feasibility studies or project plans; the implementation, operation, and maintenance of 9-1-1 systems, equipment, devices, and data; and the purchase of services that support 9-1-1 systems.

**Note:** In general, expenditures that have already occurred are not eligible, but may be considered on a case-by-case basis. Grant funds are not intended to fund a PSAP's operational, ongoing expenses, such as ongoing GIS updates, annual subscriptions, or annual equipment costs. If your application includes expenses for training, please clearly describe the type of training being offered and who is being trained. For example, general training of all dispatchers on policies and procedures is not eligible. But if the vendor is providing specific training related to hardware and/or software that is being purchased, the training expense would be eligible, assuming that all personnel being trained directly support 9-1-1 services.

*Please describe in detail what allowable uses the requested 9-1-1 grant funds will be expended for:*

## V. APPLICATION EVALUATION

Per 10-4-306(1), MCA, the 9-1-1 grant program is a competitive grant program. With a competitive grant program, where funding is limited, not all eligible applications will be funded, fully or partially. The 9-1-1 Advisory Council and the department, by necessity, must exercise discretion to award funds on an equitable basis when the amount of funds requested by eligible applicants exceeds the amount of funds available.

When evaluating eligible applications for grant funding, after applying the preference in 10-4-306(3) MCA, the department, in consultation with the 9-1-1 Advisory Council, may consider the following criteria for awarding grants:

1. Completeness and effectiveness of the application: The application must be complete and fully address the requirements in the application form and clearly describe the fulfillment of grant award criteria;
2. The extent to which the application supports planning, implementation, operation, or maintenance of 9-1-1 systems, 9-1-1 services, or both as provided by 10-4-306(2), MCA;
3. Support for the project demonstrated by letters of support from private telecommunications providers, local governments, public safety answering points, and emergency services agencies;
4. Project duration: The department may prioritize projects that require two years or less to complete; **Note:** This includes maintenance contracts for equipment.
5. Number of applications submitted: The department may prioritize applicants that submit one application over applicants that submit multiple applications in a single grant application cycle. Applicants are reminded to only submit one project per application.
6. Cost estimate detail: The department may prioritize applications that include a detailed cost estimate, with supporting documentation, that provide a clear justification for requested grant funds;
7. Equipment and system life cycle: The department may prioritize applications to replace equipment and systems that are at or near end of life or support;
8. Proportion of grant funding requested: The department may prioritize applications that request less than 33% of the total amount of grant funding available during the grant cycle; and
9. Support of the Statewide 9-1-1 Plan: The department may prioritize applications that address needs identified in the Statewide 9-1-1 Plan, including an individual PSAPs updated Needs Assessment. <sup>2</sup>

The 9-1-1 Advisory Council provides grant award recommendations to the department utilizing the award criteria. All final grant determinations are made at the department's discretion. A grant award may be made even if the applicant does not meet all the criteria listed. The department, in consultation with the 9-1-1 Advisory Council, may make conditional or partial grant awards.

A. *Please describe your ability to move forward on the project if you only receive partial funding. What components would you be able to complete?*

<sup>2</sup> Please contact the department if you need a copy of your Needs Assessment

*B. Using your own words, please explain in detail how the proposed project supports the planning, implementation, operation, or maintenance of 9-1-1 systems, 9-1-1 services or both. Please refrain from using generic application materials developed by a third-party vendor.*

*C. Please explain in detail support for the project from private telecommunications providers, local governments, public safety answering points and emergency services agencies and attach any letters of support for the project to the application form. All letters of support must be current, be on agency letterhead, and be signed. If the support statement is in the form of an email, a complete signature block from the sender must be included. Note: If you are a PSAP working with a telecom provider, a letter of support from the provider is useful to substantiate your priority preference, but it is not mandatory.*

*D. Please describe in detail the duration of the proposed project and attach any supporting documents to the application form.*

*E. Applicants should submit one application per project or piece of equipment. For example, an application for a CAD system should not also include a request for radios. Two separate applications are needed. Please identify the number of applications you are submitting in the current grant cycle. If you are submitting more than one application, please include a priority ranking for each one:*

*F. Please describe in detail the estimated cost of the proposed project that provides a clear justification for the grant funds requested. You are encouraged to attach any relevant documents, such as a vendor estimate, to this application form. Be sure that vendor quotes match the dollar amounts being requested in the application.*

*G. Please explain in detail why your current equipment has reached the end of its system life cycle and provide justification for why it needs to be replaced.*

H. 33% of the total amount of grant funding available is \$1,089,000 if you are requesting more than this amount, please provide a detailed justification for this request and attach any supporting documents to the application form:

I. Please identify how the proposed project supports the Statewide 9-1-1 Plan. For example, the plan includes Needs Assessments for all local government/tribal PSAPs. Explain how your project enhances your NG911 capabilities or fulfills a high priority PSAP need.

#### **VI. UNEXPENDED GRANT FUNDING**

*If you have previously received a grant from the 9-1-1 Grant Program, please report on the status of the grants awarded and describe the status of any current grants that are outstanding. This is an opportunity for you to provide information about your grant management history and abilities.*

## VII. APPLICATION CERTIFICATION

The responsible authorized agent is the official within an applicant organization with the legal authority to give assurances, make commitments, enter into contracts, and execute such documents on behalf of the applicant.

As the responsible authorized agent of *(Insert Legal Name of Applicant)*, I hereby submit this 9-1-1 Grant Program Application.

The information presented in this application is, to the best of my knowledge, true, complete, and accurately represents the proposed project.

Name (typed):

Title (typed):

Signature:

Date:

Email:

Grant applications must be received by the department by 5:00 PM Monday January 4<sup>th</sup>, 2021. Applications must be mailed or emailed to:

**Rhonda Sullivan, 9-1-1 Program Manager  
125 N. Roberts  
PO Box 200113  
Helena, MT 59620-0113**

**Email: [rsullivan@mt.gov](mailto:rsullivan@mt.gov)  
Phone: 406-444-2420**

*Please do not fax your grant applications; email pdf or mail hard copies only.*