

Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Office of Grants & Research
SFY 19 Safer Schools and Communities Initiative

Attachment A

Application Template for Local Equipment and Technology Grant Opportunity

Section I. Applicant Information

Name of Public School: _____

Funding Requested: \$ _____

Name of Superintendent or Executive Director: _____
(First and Last Name)

Superintendent or Executive Director Phone: _____

Email Address: _____

Public School Mailing Address:

Street: _____ **City:** _____ **Zip Code:** _____

County: _____ **Phone:** _____ **Fax:** _____

Grant Contact Name: _____ **Title:** _____

(Note: The person designated as the *Grant Contact* shall serve as the project's point person and be responsible for receiving and responding to EOPSS' project related requests)

Grant Contact Mailing Address:

Same as Above ☐

Street: _____ **City:** _____ **Zip Code:** _____

County: _____ **Phone:** _____ **Fax:** _____

E-mail: _____

Fiscal Point of Contact for Grant: Name: _____ **Title:** _____

Fiscal Contact Mailing Address:

Same as Above ☐

Street: _____ **City:** _____ **Zip Code:** _____

County: _____ **Phone:** _____ **Fax:** _____

E-mail: _____

Project Summary: Four sentences (250 characters *maximum*), summarizing the type of equipment/ software to be purchased.

Statewide Interoperability Interoperable Communications Investment Proposal (ICIP)

Equipment proposals that request funds for interoperable communications components such as the purchase of radios, mobile data terminals or communication system components are subject to an additional review and approval process per Executive Order 493 (SIEC) or a representative thereof. Law enforcement departments requesting to purchase this type of equipment must also download and complete an additional Interoperable Communications Investment Proposal (ICIP) form to submit with this application. The ICIP form is located under **Attachment D**.

Are you requesting funds for interoperable communications and believe your application requires SIEC review and approval? Yes No

If Yes, did you complete the ICIP required form (**Attachment D**)? Yes No

Is the applicant seeking Single Entry Door/Door Locks? ☐ Yes ☐ No

THIS SIGNATURE PAGE MUST BE SIGNED AND MAILED WITH YOUR HARD COPY APPLICATION

Signature Page

*The following must be completed and signed by both Authorizing Officials for the Municipality where the school resides to benefit from the purchase and Public School submitting this application. Remember to also complete **Attachment C** (Signatory Authorized Listing Form).*

Municipal Chief Executive Officer

As the Chief Executive Officer of this City or Town, I am supporting the School Department's request for funds for an Equipment and Technology grant from the Executive Office of Public Safety and Security. I have reviewed and approve the content contained in this application being submitted for consideration of a grant award.

Name of City/Town _____

Authorizing Official Name-Printed _____ Date _____

Signature _____

*(This must be signed in **blue ink** and mailed with your application)*

*The following must be completed and signed by the School Superintendent/Executive Director on behalf of the Public School submitting this application. Remember to also complete **Attachment C** (Signatory Authorized Listing Form).*

School Superintendent or Executive Director

As the Superintendent/Executive Director for this Public School, I am requesting funds for an Equipment and Technology grant award from the Executive Office of Public Safety and Security. I have reviewed and approve the content contained in this application being submitted for consideration of funding.

Name of Superintendent or Executive Director _____

Superintendent/Executive Director Name-Printed _____ Date _____

Signature _____

*(This must be signed in **blue ink** and mailed with your application)*

Section II. Narrative Template

1. Needs Assessment (3 page limit)

Use the space provided to 1) Provide a description of the school district/charter identified to benefit from this application, 2) Describe in detail the current school district's unmet safety and security needs, 3) The sources or methods used for assessing the problem should also be described, 4) Further explain why such school safety and security needs stated have not been previously met to justify grant funds are needed.

Section II. Narrative Template, Continued

2. Project Description (3 page limit)

Describe the equipment and technology to be purchased or upgraded. Include the purpose for purchasing said equipment/goods, where such goods will be utilized and stored, whether installation will be needed, required upkeep or maintenance(if any), training or technical assistance needs, applicable procurement rules (please cite rule if required to secure a vendor) or name of vendor or contractor (if already identified, include reason for selection), expected benefits/outcomes for school district and/or community and any other info that may be helpful to justify the funding request.

Section II. Narrative Template, Continued

3. Implementation Plan, Timeline and Person Responsible

Complete the template grid provided by identifying the necessary steps to be implemented over the project period for proposed equipment purchases.

List of Major Tasks/ Activities	Anticipated Date for Receipt of Goods/Services	Staff Responsible



Cost Category	State Share
Consultants	\$
Contracts	\$
Equipment/Technology	\$
Other	\$
Total	\$

Applicant Name:_____

Applicants may submit up to a *seven* month operating budget. Please list all project related costs according to the specified budget category.

Consultants- For each consultant to be hired, enter the name (if known), service to be provided, hourly or daily fee (8-hour day/ \$81.25 per hour), and estimated time on the project. Consultant fees in excess of \$650/day require additional justification and prior approval from EOPSS.

Position (by rank if necessary)	Computation	Cost
Total Consultant Costs		

Narrative

Be sure to include activities to be completed. Indicate whether applicant's formal written Procurement Policy Regulations are followed to procure identified consultant.

Name of Contractor	Computation	Cost
Total Consultant Costs		

Narrative

Provide a description of the product or services to be provided by the contractor and an estimate of the cost. Be sure to include purpose for contract as well as activities (if applicable) to be completed. Indicate whether applicant's formal written Procurement Policy is followed for this procurement. If not provided above, please use this space to provide an itemized cost breakdown of the amount requested for each contractor listed.

Equipment/Technology – Tangible, non-expendable property having a useful life of more than one year; cost bases on classification of equipment.

Item	Computation	Cost
Total Equipment Costs		

Narrative

If the equipment/technology items to be purchased are not already listed in a previous budget category, please use this page to list such costs and describe the items below. Cite applicable procurement rules/laws required in order to purchase the proposed equipment/goods.

Other – Any other costs not listed in previous budget categories. Additional costs (such as supplies) must directly correlate to the equipment and technology items listed in the previous budget categories.

Item	Computation	Cost
Total Other Requested Costs		
Narrative		
For example, describe any costs listed above and explain why they are needed or required in order for a particular piece of equipment or technology to operate. Costs directly not correlated to the equipment or technology purchases being requested will not be approved for funding.		

Applicants must also complete a Budget Excel Worksheet (refer to Attachment B) and submit with the Application Template.

Section V. Proposal Check List

Hard Copy Application Elements and Required Attachments:

- ☐ Please use Binder or Paper Clips, *no staples allowed*.
- ☐ Completed Application Template (**Attachment A**) signed and dated by *both* the Chief Executive Officer of the Municipality (Mayor, City Manager, or Town Administrator) and School Superintendent or Charter School Executive Director of the Public School in [Blue Ink](#).
- ☐ Budget Excel Worksheet (**Attachment B**) (both the **Roll Up and Detail sheets** must be included in your application packet).
- ☐ Authorized Signatory Listing Form (**Attachment C**) in [Blue Ink](#).
- ☐ If applicable, an Interoperable Communications Investment Proposal (ICIP) form (**Attachment D**) [Blue Ink](#) and included with your application packet.
- ☐ MOU (**Attachment E**) and signed by both police and fire.
- ☐ **One** signed **original** and **three copies** of all the application documents.

Electronic Application Elements and Required Attachments:

- ☐ **Attachment A:** Completed Application Template
- ☐ **Attachment B:** Budget Excel Worksheet Form (Roll Up and Detail sheets)
- ☐ Please email **Attachment A** as a PDF-not a scanned document and **Attachment B** as an Excel document to eopss.ogr@mass.gov **no later than 4:00pm on Wednesday, April 3, 2019.**

If you have any questions regarding this application, please email: eopss.ogr@mass.gov

Proposals must be mailed or hand-delivered* to:

**The Executive Office of Public Safety and Security
Office of Grants and Research
Ten Park Plaza, Suite 3720-A
Boston, MA 02116-3933
Attention: Kevin Stanton**

The signed and completed application template and required documents must be received by OGR on **Wednesday, April 3, 2019 by 4:00pm**. If you choose to hand deliver your proposal, please note that a valid form of identification is required to enter the 10 Park Plaza Office Building on the 2nd floor.