**Attachment D**

**JAG Equipment Grants**

**Interoperable Communications Investment Proposal Form**

**Cover Page**

Please complete this form to submit an Interoperable Communications Investment Proposal (ICIP) for review by the SIEC only if your department is requesting JAG funds for equipment purchases requiring such approval.

**Applicants**- Please complete all sections except for the shaded areas.

Shaded areas will be completed by the SIEC and the Statewide Interoperability Coordinator (SWIC). Please make sure that the Police Chief/Commissioner for the Department submitting this proposal signs in **blue ink** below.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Received by the SWIC:** | | | | **Control #** | | | | | | **Proposed Federal Funding Source:** | | | | **Proposed Federal Funding Amount:**  **$** | | |
| **Committee Referred to:** | | | | **Committee Chairperson:** | | | | | | | | | | | | |
| **Investment Name:** | | | **Applicant (Police Department):** | | | | | | | | | | **Police Chief Signature: (blue Ink)** | | | |
| **Investment Summary** |  | | | | | | | | | | | | | | | |
| **Statewide Communications Plan (SCIP) Goals addressed by this investment (please circle all that apply)** | | | | | | | | | * **Governance** * **SOP** * **Technology** | | | | | | * **Training & Exercise** * **Usage** | |
| **Project Start Date:** | | **Project End Date:** | | | | | **Is an Environmental & Historic Preservation (EHP) review required for this project?** | | | | | | | | | |
| **Applicant Contact Name:** | | **Phone:** | | | | **Email:** | | | | | | **Address:** | | | | |
| **Review Status** | | | | | | | | | | | | **SIEC Member Signature** | | | | **Date** |
| Assigned to Committee | | | | |  | | | | | | |  | | | |  |
| Estimated Review Date | | | | |  | | | | | | |  | | | |  |
| Committee Recommendation to the Executive Management Committee | | | | | Approval | | | Denial | | | Amend |  | | | |  |
| Executive Management Committee Recommendation | | | | | Approval | | | Denial | | | Amend |  | | | |  |
| SIEC Recommendation | | | | | Approval | | | Denial | | | Amend |  | | | |  |
| Applicant notified of Recommendation | | | | |  | | | | | | |  | | | |  |

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**JAG Equipment Grants**

**Interoperable Communications Investment Proposal**

**Investment Description**

Please complete all sections. Additional pages may be used if needed.

|  |  |
| --- | --- |
| **Communications Interoperability Problem Description-** |  |
| **Background Information-** |  |
| **Detailed Investment Description-** |  |
| **Expected Outcomes-**  Describe the communications interoperability gaps that will be addressed |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **SCIP Goal-**  Identify each SCIP goal that this investment will support and describe how that support will be accomplished.  See Appendix “B” for a listing of SCIP goals. | **Goal** | | **Describe support** | | | |
| Governance | |  | | | |
| SOP | |  | | | |
| Technology | |  | | | |
| Training & Exercise | |  | | | |
| Usage | |  | | | |
| **Ownership-**  Identify the proposed owners of all assets procured with this investment (add additional lines as needed) | **Organization** | | | | | **Asset Description** |
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| **Usage Plan-**  Describe the usage plan for the equipment / project |  | | | | | |
| **Disciplines-**   * Identify each responder discipline that will enhance its communications interoperability from this investment * Describe the interoperability enhancement | | **Discipline** | | | **Enhancement** | |
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| Please use the following abbreviations to represent the corresponding discipline: | | LE - Law Enforcement; EMS - Emergency Medical Services; EMA - Emergency Management Agency; FS - Fire Service; HZ – HAZMAT; PW - Public Works; PH - Public Health; GA – Governmental Administrative; PSC - Public Safety Communications; HC - Health Care; O-Other | | | | |
| **Multi-Jurisdictional Interoperability-**  All investments must provide interoperability between two or more jurisdictions.  Identify each jurisdiction that will achieve interoperability from this investment. | | | |  | | |
| **Budget Narrative-**   * Describe specifically how the funds will be used * Describe the total cost of the investment and identify all sources of funding that will be sought or have been secured at the time of submitting the ICIP | | | |  | | |

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| --- | --- | --- | --- |
| **Proposed Budget-**  Provide an overall breakdown of each expenditure category. Allowable expenses vary between grant programs. Be sure to verify that expenses are allowable prior to completing budget sections. | **Category** | **Description** | **Federal Share** |
| Contracts |  |  |
| Consultants |  |  |
| Equipment |  |  |
| Other |  |  |
| **TOTAL** | | $ |

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# Budget Detail

**SIEC Review Exemptions List-**To assist sub-recipients with the Statewide Interoperable Executive Committee (SIEC) review process, the following items do not need SIEC review or completion of an Interoperable Communications Investment Proposal (ICIP).

 Batteries

 Computers, general purpose- *unless used for information sharing*

 Digital Cameras

 GPS Units

 Microphones (including collar/throat microphones)

 Surveillance Cameras

 Video Cameras

 Wireless Air Cards, Wireless IP Routers

Complete each column below and group items by Cost Category (Consultants; Contracts; Equipment; and Other). Insert additional rows if needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cost Category | Description of Cost | Quantity | | Unit Cost | Total |
|  |  |  | | $ | $ |
|  |  |  | | $ | $ |
|  |  |  | | $ | $ |
|  |  |  | | $ | $ |
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|  |  |  | | $ | $ |
|  | | | **GRAND TOTAL** | | $ |