

### Application Checklist

- ☒ Signed and Dated Training Grant and EMD/Regulatory Compliance Grant Application Page
- ☒ Completed Training Grant Budget Worksheet; to include requested funding by category and narrative
- ☒ Completed EMD/Regulatory Compliance Grant Budget Worksheet, if applicable, to include requested funding by category and narrative
- ☒ Completed EMD/Regulatory Compliance Grant narrative and budget worksheet, if applying for supplemental funding under the EMD/Regulatory Compliance Grant
- ☒ Completed Appendix A – Listing of Certified Telecommunicators and if applicable, Page Two, New Personnel in the Process of Obtaining Certification
- ☒ Completed Contractor Authorized Signatory Listing Form
- ☒ Completed and Notarized Proof of Authentication of Signature Form for each Signatory
- ☒ Signed and Dated Standard Contract Form

**Comment [91]:** If applicant is applying for supplemental funding under the EMD/Regulatory Compliance Grant they are REQUIRED to submit an additional narrative explaining how they arrived at the additional funds they are requesting. Grantees are encouraged to use the budget worksheet to show the calculations.

**Please do not submit double-sided applications or blank pages for which no funding is requested**

All applications with original signatures shall be submitted to:

**State 911 Department  
151 Campanelli Drive, Suite A  
Middleborough, MA 02346**

## FY 2018 Training Grant and EMD/Regulatory Compliance Grant

Name of City/Town/Municipality City of Anytown  
Address 15 Main Street  
City/Town/Zip Anytown, MA 01234  
Telephone Number 617-555-1234  
Website www.anytown.org

Name of Eligible Entity Anytown Police Department  
Name/Title of Authorized Signatory Chief Shawn Grant  
Address (if different from above) 25 Police Street  
Telephone Number 617-555-1212  
Fax Number 617-555-1213  
E-mail Address chief@anytownpd.org

Program/Contract Manager Kyle Sampson, Lieutenant  
Telephone Number 617-555-1214  
Fax Number 617-555-1215  
E-mail Address ksampson@anytownpd.org

### Requested Funding:

Training Grant Funds	\$ <u>10,000.00</u>
EMD/Regulatory Compliance Grant Funding	\$ <u>9,585.88</u>
Total Funds Requested	\$ <u>19,585.88</u>

Applicant meets the EMD requirements established by the State 911 Department as follows  
(*Complete either 1 or 2*)

1) ☒ Provide EMD utilizing in-house certified emergency medical dispatchers using  
\_\_\_APCO EMDPRS ☒ PowerPhone EMDPRS \_\_\_Priority Dispatch EMDPRS

2) \_\_\_Provide EMD utilizing a certified EMD Resource

Name of Certified EMD Resource: \_\_\_\_\_

Protocol being utilized:

\_\_\_APCO EMDPRS \_\_\_PowerPhone EMDPRS \_\_\_Priority Dispatch EMDPRS

Sign below to acknowledge having read and agreed to the grant conditions and reporting requirements listed in the application packet.

Signed under the penalties of perjury this 15 day of July, 2017.

Shawn Grant

Original Signature of Authorized Signatory (Blue Ink)

### FY 2018 Training Grant Budget Worksheet

Funding Category	Amount Requested	Narrative – Provide details on funding request
A. Fees	\$3,141.00	Fees associated with attendance at approved 911 training courses for certified Telecommunicators (or those working toward certification) for training and certification compliance, to include 16 hours of continued education.
B.1. Personnel	\$6,859.00	Overtime for participants, replacement costs associated with participant attendance, straight-time for part-time per diem for participation or replacement, associated with training and certification compliance, to include 16 hours of continuing education.
B.2. Fringe and/or Indirect costs associate with Personnel Costs	\$	Attach documentation supporting fringe and/or indirect cost rates and/or charges, if applying for funding under this category.
C. Training Software and other products	\$	(Attach quote for this category)
D. Lodging	\$	
<b>Total Amount of Training Grant Funding Requested</b>	<b>\$10,000.00</b>	

Comment [92]: The Training Grant Budget Worksheet **MUST** equal the PSAPs Training Grant allocation amount.

In order to receive reimbursement for allowable expenses relating to EMD and/or Quality Assurance of EMD programs, the applicant shall select and use a single EMD certification organization and a single EMDPRS.

Except as otherwise expressly noted herein for allowable expenses for administrator backroom training and for attendance at the State 911 Department Dispatch Academy, funding for the State 911 Department Training Grant shall first be used to meet minimum training and certification requirements for enhanced 911 telecommunicators and minimum requirements governing emergency medical dispatch established by the State 911 Department, and funding may be used for other purposes only after funding has been used to meet such requirements.

Sign Initials Here: sg

## FY 2018 EMD/Regulatory Compliance Grant Budget Worksheet

Funding Category	Amount Requested	Narrative – Provide details on funding request
A. Fees	\$	
B.1. Personnel	\$5,004.88	Additional funding is needed to support overtime for participants, replacement costs associated with participant attendance, straight-time for part-time per diem for participation or replacement, associated with training and certification compliance, to include 16 hours of continuing education.
B.2. Fringe and/or Indirect costs associate with Personnel Costs	\$	
C. Training Software and other products	\$	(Attach quote for this category)
D. Lodging	\$	
E. Certified EMD Resource	\$	Name of CEMDR: (Attached copy of contract with CEMDR)
F. Other Emergency Medical Dispatch and Quality Assurance of Emergency Medical Dispatch Services	\$4,581.00	Fee for Medical Director relating to quality assurance of EMD in compliance with 560 CMR 5.0 See attached contract/agreement for further details.
<b>Total Amount of EMD/Regulatory Compliance Grant Funding Requested</b>	<b>\$9,585.88</b>	

**Comment [93]:** If applicant is applying for supplemental funding under the EMD/Regulatory Compliance Grant they are REQUIRED to submit an additional narrative explaining how they arrived at the additional funds they are requesting. Grantees are encouraged to use the Budget Worksheet located on our website to show the calculations.

Grant applicants seeking supplemental funding under the State 911 Department EMD/Regulatory Compliance Grant shall complete a project narrative. Applicants shall state good cause why supplemental funding should be awarded (e.g., training/certification of unanticipated new hire; unanticipated increase in contractual obligation, etc.) and shall include any and all additional information that further supports the request for such supplemental funding. (i.e., spreadsheet/worksheet attachment). A sample spreadsheet/attachment is posted on the State 911 Department website at [www.mass.gov/e911](http://www.mass.gov/e911).

Except as otherwise expressly noted herein for allowable expenses for administrator backroom training and for attendance at the State 911 Department Dispatch Academy, funding for the State 911 Department Training Grant shall first be used to meet minimum training and certification requirements for enhanced 911 telecommunicators and minimum requirements governing emergency medical dispatch established by the State 911 Department, and funding may be used for other purposes only after funding has been used to meet such requirements.

Sign Initials Here: SG

### FY 2018 Training Grant and EMD/Regulatory Compliance Grant

## Appendix A: LISTING OF CERTIFIED TELECOMMUNICATORS

**PSAP: Anytown Police Department**

[illegible]

### FY 2018 Training Grant and EMD/Regulatory Compliance Grant

**APPENDIX A: PAGE TWO**

## NEW PERSONNEL IN THE PROCESS OF OBTAINING CERTIFICATION AS AN ENHANCED 911 TELECOMMUNICATOR

**Comment [94]:** Include only NEW personnel working toward certification as an E911 telecommunicator and/or denote anticipated new hires with the name TBD

**PSAP: Anytown Police Department**

[illegible]

# COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the [Executive Office for Administration and Finance \(ANF\)](#), the [Office of the Comptroller \(CTR\)](#) and the [Operational Services Division \(OSD\)](#) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. Any changes to the official printed language of this form shall be void. Additional non-conflicting terms may be added by Attachment. Contractors may not require any additional agreements, engagement letters, contract forms or other additional terms as part of this Contract without prior Department approval. Click on hyperlinks for definitions, instructions and legal requirements that are incorporated by reference into this Contract. An electronic copy of this form is available at [www.mass.gov/osc](http://www.mass.gov/osc) under [Guidance For Vendors - Forms](#) or [www.mass.gov/osc](http://www.mass.gov/osc) under [OSD Forms](#).

<b>CONTRACTOR LEGAL NAME:</b> City of Anytown		<b>COMMONWEALTH DEPARTMENT NAME:</b> State 911 Department	
(and d/b/a): Anytown Police Department		MMARS Department Code: EPS	
<b>Legal Address:</b> (W-9, W-4,T&C): 15 Main Street, Anytown, MA 07128		<b>Business Mailing Address:</b> 151 Campanelli Drive, Suite A, Middleborough, MA 02346	
<b>Contract Manager:</b> Lt. Kyle Sampson		<b>Billing Address</b> (if different):	
<b>E-Mail:</b> ksampson@anytownpd.org		<b>Contract Manager:</b> Cindy Reynolds	
<b>Phone:</b> 617-555-1212 <b>Fax:</b> 617-555-1213		<b>E-Mail:</b> 911DeptGrants@state.ma.us	
<b>Contractor Vendor Code:</b>		<b>Phone:</b> 508-821-7299 <b>Fax:</b> 508-828-2585	
<b>Vendor Code Address ID</b> (e.g. "AD001"): AD ____ (Note: The Address ID Must be set up for <a href="#">EFT</a> payments.)		<b>MMARS Doc ID(s):</b> CT EPS GRNT	
		<b>RFR/Procurement or Other ID Number:</b> FY18 Training/EMD/Regulatory Compliance Grant	
<input checked="" type="checkbox"/> <b>NEW CONTRACT</b> <b>PROCUREMENT OR EXCEPTION TYPE:</b> (Check one option only) <input type="checkbox"/> <b>Statewide Contract</b> (OSD or an OSD-designated Department) <input type="checkbox"/> <b>Collective Purchase</b> (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> <b>Department Procurement</b> (Includes State or Federal grants <a href="#">815 CMR 2.00</a> ) (Attach RFR and Response or other procurement supporting documentation) <input type="checkbox"/> <b>Emergency Contract</b> (Attach justification for emergency, scope, budget) <input type="checkbox"/> <b>Contract Employee</b> (Attach <a href="#">Employment Status Form</a> , scope, budget) <input type="checkbox"/> <b>Legislative/Legal or Other:</b> (Attach authorizing language/justification, scope and budget)		<input type="checkbox"/> <b>CONTRACT AMENDMENT</b> Enter Current Contract End Date <i>Prior</i> to Amendment: ____ 20 ____ Enter Amendment Amount: \$ ____ (or "no change") <b>AMENDMENT TYPE:</b> (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> <b>Amendment to Scope or Budget</b> (Attach updated scope and budget) <input type="checkbox"/> <b>Interim Contract</b> (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> <b>Contract Employee</b> (Attach any updates to scope or budget) <input type="checkbox"/> <b>Legislative/Legal or Other:</b> (Attach authorizing language/justification and updated scope and budget)	
The following <b>COMMONWEALTH TERMS AND CONDITIONS</b> (T&C) has been executed, filed with CTR and is incorporated by reference into this Contract. <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services			
<b>COMPENSATION:</b> (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="checkbox"/> <b>Rate Contract</b> (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input checked="" type="checkbox"/> <b>Maximum Obligation Contract</b> Enter Total Maximum Obligation for total duration of this Contract (or <i>new</i> Total if Contract is being amended). \$ _____.			
<b>PROMPT PAYMENT DISCOUNTS (PPD):</b> Commonwealth payments are issued through <a href="#">EFT</a> 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ____ % PPD; Payment issued within 15 days ____ % PPD; Payment issued within 20 days ____ % PPD; Payment issued within 30 days ____ % PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments ( <a href="#">G.L.c. 29, § 23A</a> ): ____ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See <a href="#">Prompt Pay Discounts Policy</a> .)			
<b>BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT:</b> (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Contract is for the reimbursement of funds under the State 911 Department FY2018 Training and EMD/Regulatory Compliance Grant as authorized and awarded in compliance with grant guidelines and grantee's approved application.			
<b>ANTICIPATED START DATE:</b> (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="checkbox"/> 1. may be incurred as of the <a href="#">Effective Date</a> (latest signature date below) and <b>no</b> obligations have been incurred <b>prior</b> to the <a href="#">Effective Date</a> . <input type="checkbox"/> 2. may be incurred as of ____ 20 ____, a date <b>LATER</b> than the <a href="#">Effective Date</a> below and <b>no</b> obligations have been incurred <b>prior</b> to the <a href="#">Effective Date</a> . <input type="checkbox"/> 3. were incurred as of ____ 20 ____, a date <b>PRIOR</b> to the <a href="#">Effective Date</a> below, and the parties agree that payments for any obligations incurred prior to the <a href="#">Effective Date</a> are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
<b>CONTRACT END DATE:</b> Contract performance shall terminate as of <u>June 30, 2018</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
<b>CERTIFICATIONS:</b> Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor makes all certifications required under the attached <a href="#">Contractor Certifications</a> (incorporated by reference if not attached hereto) under the pains and penalties of perjury, agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable <a href="#">Commonwealth Terms and Conditions</a> , this Standard Contract Form including the <a href="#">Instructions and Contractor Certifications</a> , the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in <a href="#">801 CMR 21.07</a> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
<b>AUTHORIZING SIGNATURE FOR THE CONTRACTOR:</b> X: <u>Shawn Grant</u> Date: <u>7/15/17</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Shawn Grant</u> Print Title: <u>Chief of Police</u>		<b>AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:</b> X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Frank Pozniak</u> Print Title: <u>Executive Director</u>	

**Comment [95]:** The Contractor's Legal Name is the name of the City or Town (NOT THE PSAPs name)

**Comment [96]:** The Legal Address is the address where payment would be mailed to for the City or Town, i.e. the address of the City/Town Treasurer is located

**Comment [97]:** Ensure you have the current Grant Year

**Comment [98]:** THIS IS A LEGAL DOCUMENT AND MUST BE 1 PAGE. If a PSAP cannot print this on 1 page, please contact the State 911 Department for help.

**COMMONWEALTH OF MASSACHUSETTS  
CONTRACTOR AUTHORIZED SIGNATORY LISTING**

**Contractor Legal Name:** City of Anytown

**Contractor Vendor/Customer Code:**

**INSTRUCTIONS:** Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

**NOTICE:** *Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.*

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

AUTHORIZED SIGNATORY NAME	TITLE
Shawn Grant	Chief of Police
Kyle Sampson	Lieutenant

**Comment [99]:** A community may list as many individuals as they deem necessary for effective management of the grant.

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor. I understand and agree that the Contractor has a duty to ensure that this listing is immediately updated and communicated to any state department with which the Contractor does business whenever the authorized signatories above retire, are otherwise terminated from the Contractor's employ, have their responsibilities changed resulting in their no longer being authorized to sign contracts with the Commonwealth or whenever new signatories are designated.

**Comment [910]:** MUST be signed by a City/Town Official **ONLY** i.e. Mayor, Town Manager, City Solicitor, Chairperson – Board of Selectmen

Mayor of Anytown

Signature

Date: 7/15/17

Title: Mayor

Telephone: 617-555-1211

Fax: 617-555-1210

Email: Mayor@anytown.org



[Listing cannot be accepted without all of this information completed.]  
A copy of this listing must be attached to the "record copy" of a contract filed with the department.

**Comment [911]:** THIS IS A LEGAL DOCUMENT AND MUST BE 1 PAGE. If a PSAP cannot print this on 1 page, please contact the State 911 Department for help.

**COMMONWEALTH OF MASSACHUSETTS  
CONTRACTOR AUTHORIZED SIGNATORY LISTING**

**Contractor Legal Name:** City of Anytown  
**Contractor Vendor/Customer Code:**

**PROOF OF AUTHENTICATION OF SIGNATURE**

**Comment [912]:** This form MUST be completed for EACH individual listed on the previous page.

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing. **STATE 911 DEPARTMENT REQUIRES THIS FORM FOR EACH AUTHORIZED SIGNATORY LISTED ON THE CONTRACTOR AUTHORIZED SIGNATORY LISTING FORM.**

**Comment [913]:** Although this form states it is optional, the State 911 Department **REQUIRES** this notary form for **EACH** person listed as an Authorized Signatory on the Contractor Authorized Signatory Listing Form signed by your City or Town Official.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): Shawn Grant

Title: Chief of Police

X Shawn Grant

Signature as it will appear on contract or other document (Complete only in presence of notary):

**AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:**

I, \_\_\_\_\_ (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

\_\_\_\_\_, 20\_\_\_\_.

My commission expires on:

AFFIX NOTARY SEAL

**Comment [914]:** THIS IS A LEGAL DOCUMENT AND MUST BE 1 PAGE. If a PSAP cannot print this on 1 page, please contact the State 911 Department for help.

I, \_\_\_\_\_ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

\_\_\_\_\_, 20\_\_\_\_.

AFFIX CORPORATE SEAL

COMMONWEALTH OF MASSACHUSETTS  
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Contractor Legal Name: City of Anytown  
Contractor Vendor/Customer Code:

PROOF OF AUTHENTICATION OF SIGNATURE

Comment [915]: This form MUST be completed for each individual listed on the previous page.

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

Comment [916]: STATE 911 DEPARTMENT REQUIRES THIS FORM FOR EACH AUTHORIZED SIGNATORY LISTED ON THE PREVIOUS PAGE.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): Kyle Sampson

Title: Lieutenant

X Kyle Sampson

Signature as it will appear on contract or other document (Complete only in presence of notary):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

I, \_\_\_\_\_ (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

\_\_\_\_\_, 20 \_\_\_\_.

My commission expires on:

AFFIX NOTARY SEAL

Comment [917]: THIS IS A LEGAL DOCUMENT AND MUST BE 1 PAGE. If a PSAP cannot print this on 1 page, please contact the State 911 Department for help.

I, \_\_\_\_\_ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

\_\_\_\_\_, 20 \_\_\_\_.

AFFIX CORPORATE SEAL

### Budget Worksheet and Narrative

#### FY 2018 Training Grant and EMD / Regulatory Compliance Grant Worksheet

PSAP: ANYTOWN

LAST NAME	FIRST NAME	Rate	OT Rate	Con Ed	New Next Gen 911	PST1	EMD	CPR	Travel	Total Hrs	Total Amount
Drake	Horton	\$ 38.00	\$ 57.00	16						16	\$ 912.00
Dudley	Jake	\$ 26.93	\$ 40.40	16						16	\$ 646.32
Patch	Sarah	\$ 22.58	\$ 33.87	16						16	\$ 541.92
Sampson	Kyle	\$ 42.86	\$ 64.29	16						16	\$ 1,028.64
Jones	Derek	\$ 22.00	\$ 22.00	16						16	\$ 352.00
											\$ 3,480.88
With supplemental funding, certified telecommunicators are limited to the maximum of 16 Con Ed training hours. The grant will NOT reimburse more than 16 hours of training.											
New Personnel											
Callahan	George	\$ 22.00	\$ 22.00	0	16	40	24	4		83	\$ 1,826.00
Parker	Mary	\$ 35.00	\$ 35.00	0	16	40	24	4		83	\$ 2,905.00
Young	Barbara	\$ 35.00	\$ 35.00	0	16	40	24	4		83	\$ 2,905.00
TBD		\$ 22.00	\$ 22.00	0	16	40	24	4		83	\$ 1,826.00
*With supplemental funding, the grant will NOT reimburse for continuing education (Con Ed) courses during that first "grant year" for a newly certified telecommunicator/dispatcher, ONLY the CORE certification courses; PST1, New Next Gen 911(was Vesta Pallas), EMD, and CPR – for those PSAPs who provide EMD in-house.											\$ 8,383.00
										<b>Total Salary</b>	\$ 11,863.88
Vendor Fees											
PowerPhone EMD Recertifications	5 @ \$129 ea.										
Con Ed Classes	4 @ \$180 ea.										
PowerPhone EMD Certification	5 @ \$399 ea.										
										<b>Total Vendor Fees</b>	\$ 3,141.00
EMD Q/A											
Medical Director											\$ 4,581.00
										<b>Grand Total</b>	\$ 19,585.88
										<b>Training Grant</b>	\$ 10,000.00
										<b>EMD/Regulatory Compliance Grant</b>	\$ 9,585.88

Anytown Police Department currently has 5 certified enhanced 911 telecommunicators and 4 new hires. In compliance with 560 CMR 5.0 these employees are required to complete 16 hours of continuing education. Anytown Police Department projects it will expend \$3,141 in training and recertification fees for attendance of these employees, including new hires, at State 911 Department approved courses. Anytown Police Department anticipates personnel costs associated with the required training for current certified E-911 telecommunicators will be \$3,480.88. In addition, Anytown Police Department expects to hire 4 new telecommunicators during this grant cycle. Each of the new hires will attend the two day equipment training, 40-hour basic public safety telecommunicator course, CPR and EMD for a total estimate cost of \$9,979.00. Finally, Anytown Police Department is required to compensate a Medical Director \$4,581.00 for services required for quality assurance of EMD. Contract for said services is attached hereto.

**Comment [918]:** When requesting supplemental funding applicants MUST include a narrative explaining why the funds are needed.

SAMPLE