

Application Checklist

- Annual Certification of Compliance Form **submitted**
- 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 signed by a City or Town Official
- Completed and Notarized Proof of Authentication of Signature Form for **each** Signatory **and** for the City or Town Official who signed the Contractor Authorized Signatory Listing Form, one notarized form for each
- Signed and Dated Standard Contract Form

Commented [91]: We must receive **AND** approve of your annual Certification of Compliance Form **BEFORE** your grant application(s) can be reviewed and executed.

Commented [92]: If applicant is applying for supplemental funding under the EMD/Regulatory Compliance Grant they are **REQUIRED** to submit an additional justification narrative explaining how they arrived at the additional funds they are requesting. Grantees are encouraged to use the budget worksheet to show the calculations.

Commented [93]: You must submit a notary page for the City or Town Official in addition to each authorized signatory listed on the grant.

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 2019 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-ma.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 1 day of July, 2018.

Shawn Grant

Original Signature of Authorized Signatory (Blue Ink)

FY 2019 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	\$	
Total Amount of Training Grant Funding Requested	\$10,000.00	

Commented [94]: 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 2019 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.
Total Amount of EMD/Regulatory Compliance Grant Funding Requested	\$9,585.88	

Commented [95]: If applicant is applying for supplemental funding under the EMD/Regulatory Compliance Grant they are REQUIRED to submit an additional justification 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.

Commented [96]: You must include this with your application packet.

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.

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 2019 Training Grant and EMD/Regulatory Compliance Grant

Appendix A: LISTING OF CERTIFIED TELECOMMUNICATORS

PSAP: Anytown Police Department

Last Name, First Name (please list in alphabetical order)	Please indicate Full (F) or Part- Time (P)	Hourly Pay Rate	Overtime Pay Rate
Drake, Horton	F	\$38.00	\$57.00
Dudley, Jake	F	\$26.93	\$40.40
Jones, Derek	P	\$22.00	\$22.00
Patch, Sarah	F	\$22.58	\$33.87
Sampson, Kyle	F	\$42.86	\$64.29
(Include all of your certified E-911 telecommunicators ONLY)			



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.

Contract form with fields for Contractor Legal Name, Department Name, Address, Manager, Phone, Fax, Vendor Code, and Procurement/Amendment details. Includes sections for Terms and Conditions, Compensation, and Certifications.

Commented [98]: Name of the City or Town

Commented [99]: Legal Address of City or Town Hall

Commented [910]: Ensure you have the current Grant Year

Commented [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:

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

Commented [912]: A community may list as many individuals as they deem necessary for effective management of the grant. The State 911 Department recommends at least two.

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.

Gerald Mayour
Signature

Date: 7/1/2018

Commented [913]: MUST be signed by a City/Town Official i.e. Mayor, Town Manager/Administrator, City Solicitor, Chairperson – Board of Selectmen.

Name and Title: Gerald Mayour, 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.

Commented [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.

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

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

PROOF OF AUTHENTICATION OF SIGNATURE

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.

THE STATE 911 DEPARTMENT REQUIRES THIS FORM FOR EACH PERSON LISTED AS AN AUTHORIZED SIGNATORY AS WELL AS THE PERSON WHO SIGNS THE CONTRACTOR AUTHORIZED SIGNATORY LISTING FORM.

Commented [915]: THIS IS THE NEW NOTARY FORM. This form MUST be completed for each individual listed on the Contractor Authorized Signatory Listing form AND the person who signs that form.

Commented [916]: We require a separate notary form for the City / Town Official that signs the Contractor Authorized Signatory Listing Form above.

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 Chief 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:

On this 1 day of July, 2018 before me, the undersigned notary public, personally appeared Shawn Grant (name of document signer), proved to me through satisfactory evidence of identification, which was Massachusetts Driver's License, to be the person whose name is signed above and acknowledged to me that he (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

Notary Public
Notary Public Signature

My MA Commission expires on: October 22, 2022

AFFIX NOTARY SEAL

Commented [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.

On this _____ day of _____, 20____ before me, the undersigned corporate clerk, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

Corporate Clerk Signature

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

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Commented [919]: We require a separate notary form for the City / Town Official that signs the Contractor Authorized Signatory Listing Form above.

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:

On this 1 day of July, 2018 before me, the undersigned notary public, personally appeared Kyle Sampson (name of document signer), proved to me through satisfactory evidence of identification, which was Massachusetts Driver's License, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

Notary Public
Notary Public Signature

My MA Commission expires on: October 22, 2022

AFFIX NOTARY SEAL

Commented [920]: 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.

On this _____ day of _____, 20____ before me, the undersigned corporate clerk, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

Corporate Clerk Signature

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

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.

THE STATE 911 DEPARTMENT REQUIRES THIS FORM FOR EACH PERSON LISTED AS AN AUTHORIZED SIGNATORY AS WELL AS THE PERSON WHO SIGNS THE CONTRACTOR AUTHORIZED SIGNATORY LISTING FORM.

Commented [921]: THIS IS THE NEW NOTARY FORM. This form MUST be completed for each individual listed on the Contractor Authorized Signatory Listing form AND the person who signs that form.

Commented [922]: We require a separate notary form for the City / Town Official that signs the Contractor Authorized Signatory Listing Form above.

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

Signatory's full legal name (print or type): Gerald Mayour

Title: Mayor of Anytown

X Gerald Mayour

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:

On this 1 day of July, 2018 before me, the undersigned notary public, personally appeared Gerald Mayour (name of document signer), proved to me through satisfactory evidence of identification, which was Massachusetts Driver's License, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

Notary Public
Notary Public Signature

My MA Commission expires on: October 22, 2022

AFFIX NOTARY SEAL

Commented [923]: 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.

On this _____ day of _____, 20____ before me, the undersigned corporate clerk, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

Corporate Clerk Signature

AFFIX CORPORATE SEAL

Budget Worksheet and Narrative Justification

FY 2019 Training Grant and EMD / Regulatory Compliance Grant Worksheet

PSAP: ANYTOWN POLICE DEPARTMENT

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
<p>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.</p>											
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
<p>*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, EMD, and CPR – for those PSAPs who provide EMD in-house.</p>											
											\$ 8,383.00
Total Salary											\$ 11,863.88
Vendor Fees											
PowerPhone EMD Recertifications	5 @ \$129 ea.										
Con Ed Classes	4 @ \$180 ea.										
PowerPhone EMD Certification	5 @ \$399 ea.										
Total Vendor Fees											\$ 3,141.00
EMD Q/A											
Medical Director	(must include the contract with Medical Director for Q/A)										
Grand Total											\$ 19,585.88
Training Grant Allocation											\$ 10,000.00
EMD/Regulatory Compliance Grant											\$ 9,585.88

JUSTIFICATION NARRATIVE FOR SUPPLEMENTAL FUNDING

Anytown Police Department currently has 5 certified enhanced 911 telecommunicators. In compliance with 560 CMR 5.0 these certified 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. Anytown Police Department is required to compensate a Medical Director \$4,581.00 for services required for quality assurance of our EMD. Contract for said services is attached hereto.

Commented [924]: When requesting supplemental funding applicants MUST include a justification narrative explaining why the funds are needed AND how they arrived at the amount they are requesting.

SAMPLE