

## FY 2025 TRAINING GRANT

### Application Checklist

- ☒ Signed and Dated Training Grant Application Cover Page
- ☒ **Completed AND Attached the *Excel Personnel Costs Worksheet(s)* {{REQUIRED}}**
- ☒ Completed Training Grant Budget Narrative, to include requested funding by category
- ☒ Completed NEW Contractor Authorized Signatory Listing Form signed by a City or Town Official
  - ☒ **Completed and Notarized the NEW Contractor Authorized Signatory Listing Form - Individual for the City or Town Official who signed the Contractor Authorized Signatory Listing Form**
- ☒ Completed and Notarized NEW Contractor Authorized Signatory Listing Form - Individual for **each** Signatory listed
- ☒ Completed, Signed and Dated Standard Contract Form

### DO NOT SUBMIT DOUBLE-SIDED APPLICATIONS

All applications with original signatures shall be submitted to:

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

## FY 2025 TRAINING GRANT

Name of Eligible Entity / PSAP / RECC Anytown Police Department  
Address 25 Police Street  
City/Town/Zip Anytown, MA 01234  
Telephone Number 617-555-1212  
Fax Number 617-555-1213  
Website www.anytownpd.org

Name & Title of Authorized Signatory Shawn Grant, Chief of Police  
Telephone Number 617-555-1212  
Email Address chief@anytownpd-ma.org

Name & Title Grant Contract Manager Kyle Sampson, Lieutenant  
Telephone Number 617-555-1214  
Email Address ksampson@anytownpd-ma.org

Commented [9(1): Name of the person the State 911 Department can contact and/or the person working on the grant.  
Applicant must complete each section / line item.

Total Grant Program Funds Requested: \$ 33,839.16

### Applicant meets the EMD requirements established by the State 911 Department by:

Providing EMD in-house utilizing certified emergency medical dispatchers and the following Emergency Medical Dispatch Protocol Reference System (EMDPRS):

☐ APCO ☒ PowerPhone ☐ Priority Dispatch  
**OR**

Utilizing the following Certified EMD Resource: \_\_\_\_\_

CEMDR's Emergency Medical Dispatch Protocol Reference System (EMDPRS):

☐ APCO ☐ PowerPhone ☐ Priority Dispatch

### Authorization and Certification

Through its submission of this application to the State 911 Department, the applying governmental entity and the authorized signatory of the applying governmental entity affirms and declares that all information submitted to the State 911 Department regarding the application, reimbursements, budget modifications, reporting, and any and all other submissions required throughout the duration of the grant process, its award and execution shall be true and verifiable through source documentation. The above noted documents, excluding this application, will no longer require a signature at the time of submission. Submission of this application by the applying governmental entity and authorized signatory shall be applicable to any and all transactions submitted under a contract awarded as the result of this application.

Commented [9(2): Beginning with the FY2025 grant cycle, the State 911 Department will no longer require signatures on reimbursement and budget modifications for our grant programs.

Sign below to acknowledge having read and agreed to the Authorization and Certification above and the grant conditions and reporting requirements listed in the grant guidelines.

Signed under the penalties of perjury this 01 day of July, 2024.

Chief Shawn Grant

ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY

**FY 2025 TRAINING GRANT  
BUDGET NARRATIVE**

- A. Fees** – Fees associated with attendance at approved live or online 911 training courses, including certifications/ recertifications for certified Telecommunicators to include 16 hours of continued education or for those working toward certification. **Add the *Total Vendor Fees* from the *Personnel Costs Worksheet(s)* and the total Membership & Conference Fees below to get the total for Category A.**

**For Membership fees, list the name and amount for each below.**

**Membership Fees:** APCO \$550, NENA \$779, MCSA \$175

**For Conference fees, list the name of the conference, number attending and the amount for each conference below.**

**Conference Fees:** APCO (3) \$687, NENA (1) \$745

**Total Category A**

**\$ 9,584.00**

- B. Personnel Costs** – Straight time or overtime expenses for participants or replacement/backfill (who are certified telecommunicators), to cover participant class hours but not both. **Add the *Total Salary* column(s) from the *Personnel Costs Worksheet(s)* and enter below.**

**Total Category B**

**\$ 21,140.16**

- C. Training Materials and Other Products** – Funding may be authorized for the purchase, installation, replacement, maintenance, and/or upgrade of software and other products related to the certification and training of enhanced 911 telecommunicators, including but not limited to, call handling guide cards, call handling software, skill and ability pre-employment testing software, and additional related training materials such as books and manuals. In addition, funding not to exceed \$2,500 may be authorized for the purchase of skill and ability software/programs/subscriptions utilized by a PSAP to enhance the skill set of its certified telecommunicators.

**Description:** (5) CPR Cards @ \$10 each \$50

CritiCall Pre-Employment Testing Software \$2,965

**Attach quote for this category**

**Total Category C**

**\$ 3,015.00**

- D.** Enter the lodging expenses to include the number of people and number of nights for two (2) or more consecutive days of training (not to include the night prior to the training) and the distance of which is equal to or greater than ninety (90) miles away from where travel originates. **NOTE: Lodging for conferences is not eligible.**

**Description:**

**Total Category D**

**\$**

- E. Mileage** – Funding may be authorized for the payment of mileage when an employee utilizes his/her personal vehicle for travel to attend eligible trainings. Mileage, where applicable, will be verified utilizing a recognized mileage guide such as Google Maps. Eligible mileage will be calculated by determining the round-trip mileage from the PSAP to the training location, rounded to the nearest mile. Other expenses associated with travel, such as tolls and parking, may also be eligible. All rates will follow applicable employment Agreements.

**Description:** Mileage for round trip to training courses and back to PSAP for certified personnel and (4) new hires @ \$0.62/mile

**Total Category E**

**\$ 100.00**

## FY 2025 TRAINING GRANT

## COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the [Standard Contract Form Instructions and Contractor Certifications](#), the [Commonwealth Terms and Conditions for Human and Social Services](#) or the [Commonwealth IT Terms and Conditions](#) which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: <https://www.mass.gov/lists/osd-forms>. Forms are also posted at OSD Forms: <https://www.mass.gov/lists/osd-forms>.

<b>CONTRACTOR LEGAL NAME:</b> City of Anytown (and d/b/a): Anytown Police Department		<b>COMMONWEALTH DEPARTMENT NAME:</b> State 911 Department MMARS Department Code: EPS	
<b>Legal Address:</b> (W-9, W-4, T&C): 15 Main Street, Anytown, MA 07128 NOT THE PD's		<b>Business Mailing Address:</b> 151 Campanelli Drive, Suite A, Middleborough, MA 02346	
<b>Contract Manager:</b> Lt. John Smith	<b>Phone:</b> 617-555-1212	<b>Billing Address (if different):</b>	
<b>E-Mail:</b> <a href="mailto:jsampson@anytownpd.org">jsampson@anytownpd.org</a>	<b>Fax:</b> 617-555-1213	<b>Contract Manager:</b> Cindy Reynolds	<b>Phone:</b> 508-821-7299
<b>Contractor Vendor Code:</b> VC		<b>E-Mail:</b> <a href="mailto:911DeptGrants@mass.gov">911DeptGrants@mass.gov</a>	<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 EFT payments.)		<b>MMARS Doc ID(s):</b> CT EPS GRNT	
		<b>RFR/Procurement or Other ID Number:</b> FY25 GRNT	
<b>X NEW CONTRACT</b> <b>PROCUREMENT OR EXCEPTION TYPE: (Check one option only)</b> <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> (Solicitation Notice or 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 Employment Status Form, scope, budget) <input type="checkbox"/> <b>Legislative/Legal or Other:</b> (Attach authorizing language/justification, scope and budget)		<b>CONTRACT AMENDMENT</b> Enter Current Contract End Date <u>Prior</u> to Amendment: _____, 20 ____ Enter Amendment Amount: \$ _____ (or "no change") <b>AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)</b> <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 Standard Contract Form Instructions, Contractor Certifications and the following Commonwealth Terms and Conditions document is incorporated by reference into this Contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions 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 <a href="#">815 CMR 9.00</a> . <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 <b>new</b> Total if Contract is being amended). \$ _____			
<b>PROMPT PAYMENT DISCOUNTS (PPD):</b> Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting <b>accelerated</b> 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 statutory/legal or Ready Payments (G.L. c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
<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.) <b>Contract is for the reimbursement of funds under the State 911 Department FY 2025 Training Grant as authorized and awarded in compliance with grant guidelines and grantee's approved application.</b>			
<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 Effective Date (latest signature date below) and <b>no</b> obligations have been incurred <b>prior</b> to the Effective Date. <input type="checkbox"/> 2. may be incurred as of _____, 20 __, a date <b>LATER</b> than the Effective Date below and <b>no</b> obligations have been incurred <b>prior</b> to the Effective Date. <input type="checkbox"/> 3. were incurred as of _____, 20 __, a date <b>PRIOR</b> to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date 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 <b>June 30, 2025</b> , 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 Contractor Certifications (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 Commonwealth Terms and Conditions, this Standard Contract Form including the Instructions and Contractor Certifications, 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>7/1/2024</u> (Signature and Date Must Be Captured 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 Captured At Time of Signature) Print Name: <u>Frank Pozniak</u> Print Title: <u>Executive Director</u>	

Commented [9(3)]: The LEGAL Contractor is your City or Town NOT the PSAP

Commented [9(4)]: (d/b/a) Doing Business As = Your PSAP/Department

Commented [9(5)]: Enter the legal address of your City or Town NOT the PSAP address.



## Commonwealth of Massachusetts CONTRACTOR AUTHORIZED SIGNATORY LISTING

This form is jointly issued and published by the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default form for all Commonwealth Departments when another form is not prescribed by regulation or policy.

Signature for Corporation (C or S), Partnership, Trust/Estate, Limited Liability Company (must match Form W-9 tax classification)

Contractor Legal Name City of Anytown	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number or Social Security Number) VC 6000000000
--	--

**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.)

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.

There are three types of electronic signatures that will be accepted on this form: 1) Traditional "wet signature" (ink on paper); 2) Electronic signature that is either: a. hand drawn using a mouse or finger if working from a touch screen device; or b. An upload picture of the signatory's hand drawn signature; 3) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign. Typed text of a name not generated by a digital tool, computer generated cursive, or an electronic symbol are not acceptable forms of electronic signature.

Authorized Signatory Name	Signature (Signature as it will appear on contract or other documents)	Title	Phone Number	Email Address
Shawn Grant	<i>Shawn Grant</i>	Chief of Police	617-555-1212	chief@anytownpd-ma.org
Kyle Sampson	<i>Kyle Sampson</i>	Lieutenant	617-555-1212	ksampson@anytownpd-ma.org

**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.**

I certify that I am a responsible authorized officer of 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 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.

Please note you cannot self-certify your own signature as a single signer listed above.

Signature <i>Gerald M. Lee</i>	Date <i>7-2-2024</i>
Print Name Gerald M. Lee	Phone Number 617-555-0000
Title Mayor of Anytown	Email Address mayorlee@anytown-ma.org

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

**Commented [9(6):** As of May 1, 2023, this is the **NEW Contractor Authorized Signatory Listing form for governmental agencies/ municipalities to complete for grant applications.**

**Commented [9(7):** The State 911 Department **REQUIRES** all grant applications to have an original "wet" signature, **WE DO NOT ACCEPT ELECTRONIC SIGNATURES ON GRANT APPLICATIONS.**

**Commented [9(8):** Signatories listed on this form **MUST** sign their name

**REMINDER:**

THE STATE 911 DEPARTMENT REQUIRES A  
**NOTARIZED** *CONTRACTOR AUTHORIZED SIGNATORY*  
*LISTING FORM – INDIVIDUAL* FOR THE **PERSON** WHO  
**SIGNS** THE *CONTRACTOR AUTHORIZED SIGNATORY*  
*LISTING FORM* **ABOVE** **AND** FOR **EACH** **PERSON**  
LISTED AS AN AUTHORIZED SIGNATORY.

Commented [9(9)]: As of May 1, 2023, this form is the  
NEW notary form



Commonwealth of Massachusetts  
**CONTRACTOR AUTHORIZED SIGNATORY FORM**

This form is jointly issued and published by the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default form for all Commonwealth

Departments when another form is not prescribed by regulation or policy.

Notarized Signature for Individual, Sole-Proprietor or Single Member LLC (must match Form W-9 tax classification)

Contractor Legal Name City of Anytown	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number) VC6000000000
--	---

INSTRUCTIONS: Any Contractor, sole-proprietor, or an individual, must provide a notarized signature of the authorized person who can sign contracts and other legally binding documents related to the contract on the Contractor’s behalf.

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.

Signature (ink on paper) Contractor Signature as it will appear on contract or other documents (Complete only in presence of notary) <i>Gerald M Lee</i>	
Print Signatory’s full legal name Gerald M. Lee	Title Mayor of Anytown

Certificate of Acknowledgement of Notary Public	
Before me, the undersigned notary public, the above named individual proved to me through satisfactory evidence of identification, to be the person whose name is signed above and acknowledged to me that (he)/(she) signed for its stated purpose.	
Print Notary Name Samantha Smith	Notary Signature (ink on paper) <i>Samantha Smith</i>
Date <i>7-2-24</i>	My commission expires on October 25, 2029

AFFIX NOTARY SEAL/STAMP

A copy of this document must be attached to the “record copy” of a contract filed with the department.

Commented [9(10)]: As of May 1, 2023, this is the State’s new notary form. Each person listed as an authorized signatory as well as the City/Town Official that signed the Contractor Authorized Signatory Listing Form **MUST** complete one of these forms.



Commonwealth of Massachusetts  
**CONTRACTOR AUTHORIZED SIGNATORY FORM**

This form is jointly issued and published by the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default form for all Commonwealth Departments when another form is not prescribed by regulation or policy.

**Notarized Signature for Individual, Sole-Proprietor or Single Member LLC**  
(must match Form W-9 tax classification)

Contractor Legal Name <b>City of Anytown</b>	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number) <b>VC6000000000</b>
---	--

**INSTRUCTIONS:** Any Contractor, sole-proprietor, or an individual, must provide a notarized signature of the authorized person who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.

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.

Signature (ink on paper) Contractor Signature as it will appear on contract or other documents (Complete only in presence of notary) <i>Shawn R Grant</i>	
Print Signatory's full legal name Shawn R. Grant	Title Chief of Police

<b>Certificate of Acknowledgement of Notary Public</b> Before me, the undersigned notary public, the above named individual proved to me through satisfactory evidence of identification, to be the person whose name is signed above and acknowledged to me that (he)/(she) signed for its stated purpose.	
Print Notary Name Samantha Smith	Notary Signature (ink on paper) <i>Samantha Smith</i>
Date 7/2/24	My commission expires on October 25, 2029

**AFFIX NOTARY SEAL/STAMP**

**Commented [9(11)]:** As of May 1, 2023, this is the State's new notary form. Each person listed as an authorized signatory as well as the City/Town Official that signed the Contractor Authorized Signatory Listing Form **MUST** complete one of these forms.

A copy of this document must be attached to the "record copy" of a contract filed with the department.





## Commonwealth of Massachusetts CONTRACTOR AUTHORIZED SIGNATORY FORM

This form is jointly issued and published by the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default form for all Commonwealth Departments when another form is not prescribed by regulation or policy.

**Notarized Signature for Individual, Sole-Proprietor or Single Member LLC (must match Form W-9 tax classification)**

Contractor Legal Name	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number)
City of Anytown	VC6000000000

**INSTRUCTIONS:** Any Contractor, sole-proprietor, or an individual, must provide a notarized signature of the authorized person who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf.

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.

Signature (ink on paper) Contractor Signature as it will appear on contract or other documents (Complete only in presence of notary)	
<i>Kyle Sampson</i>	
Print Signatory's full legal name	Title
Kyle Sampson	Lieutenant

<b>Certificate of Acknowledgement of Notary Public</b>	
Before me, the undersigned notary public, the above named individual proved to me through satisfactory evidence of identification, to be the person whose name is signed above and acknowledged to me that (he)/(she) signed for its stated purpose.	
Print Notary Name	Notary Signature (ink on paper)
Samantha Smith	<i>Samantha Smith</i>
Date	My commission expires on
<i>7-2-24</i>	October 25, 2029

AFFIX NOTARY SEAL/STAMP

Commented [9(12)]: As of May 1, 2023, this is the State's new notary form. Each person listed as an authorized signatory as well as the City/Town Official that signed the Contractor Authorized Signatory Listing Form **MUST** complete one of these forms.

A copy of this document must be attached to the "record copy" of a contract filed with the department.

FY 2025 Training Grant Personnel Costs Worksheet

CERTIFIED PERSONNEL

PSAP: ANYTOWN POLICE DEPARTMENT

{List Personnel in Alphabetical Order by Last Name}

LAST NAME	FIRST NAME	OT Rate	Con Ed.	Travel	Total Hrs	Total Salary	Enter the Vendor Fees for 16 Hours of Training
Alton	Ben	\$ 28.50	16	2	18	\$ 513.00	\$640.00
Barlton	Joshua	\$ 43.04	16		16	\$ 688.64	\$299.00
Carlton	Stephanie	\$ 37.50	16	2	18	\$ 675.00	\$640.00
Dover	Maxine	\$ 37.50	16	2	18	\$ 675.00	\$418.00
Emmerson	Blake	\$ 43.04	16		16	\$ 688.64	\$299.00
McCarthy	Kerry	\$ 54.89	16		16	\$ 878.24	\$299.00
Peterson	Tyler	\$ 63.47	16	2	18	\$ 1,142.46	\$640.00
Smith	Derek	\$ 44.19	16	2	18	\$ 795.42	\$640.00
		\$ -			0	\$	
		\$ -			0	\$	
		\$ -			0	\$	
		\$ -			0	\$	
		\$ -			0	\$	
		\$ -			0	\$	
		\$ -			0	\$	
		\$ -			0	\$	
		\$ -			0	\$	
		\$ -			0	\$	
CPR Instructor		\$ -			0	\$	
Derek Smith, (4) 4-hour CPR courses		\$ 44.19	16		16	\$ 707.04	
		\$ -			0	\$	
		\$ -			0	\$	
		\$ -			0	\$	
		\$ -			0	\$	
		\$ -			0	\$	
		\$ -			0	\$	
RECERTIFICATION FEES WITH NO TRAINING HOURS:							
EX: APCO PST Recert fee	2 @ \$30	DO NOT WRITE ON GRAY LINES					\$ 60.00
APCO PST Recert Fee	8 @ \$30 ea.	DO NOT WRITE IN THIS SPACE					\$ 240.00
DO NOT ADD LINES TO THIS WORKSHEET, AS THE FORMULAS MAY CHANGE, CONTINUE ON THE NEXT WORKSHEET BELOW				TOTALS	\$ 6,763.44	\$ 4,115.00	

Commented [9(13)]: Only list recertification fees that DO NOT have training hours, i.e. APCO EMD/PST/CTO & Priority Dispatch EMD

# FY 2025 Training Grant Personnel Costs Worksheet

## NEW PERSONNEL

In the Process of Obtaining Certification

Commented [9(14)]: Our 200 hour Training Academy includes the 16-hour NG New Hire and the 40-hour PST1 courses

PSAP: ANYTOWN POLICE DEPARTMENT

LAST NAME	FIRST NAME	OT Rate	Training Academy	Next Gen New Hire	PST1	EMD (APCO 32)	CPR	Travel	Total Hours	Total Amount
New Hires, if applicable, need these course hours				16	40	24/32	4	0		
Example of Training Academy Hours			200	N/A	N/A	24/32	4			
TBD		\$ 20.00	200	N/A	N/A	24	4		228	\$ 4,560.00
TBD		\$ 20.00	200	N/A	N/A	24	4		228	\$ 4,560.00
TBD		\$ 31.29		16	40	24	4		84	\$ 2,628.36
TBD		\$ 31.29		16	40	24	4		84	\$ 2,628.36
Total Salary for New Hires									\$	14,376.72
Vendor Fees	Course Amount	# Taking Courses	Total							
EMD New Certification	\$399.00	4	\$1,595.00							
CPR New Certification										
Total Vendor Fees									\$	2,533.00
PST1 (VENDOR FEE ONLY)	\$469.00	2	\$938.00							