Commonwealth of Massachusetts

Executive Office of Public Safety and Security

State 911 Department



**Wireless State Police Public Safety Answering Point Grant Application**

**Fiscal Year 2025**

**All applications shall be mailed or hand delivered or via Commbuys,**

[**www.Commbuys.com**](http://www.Commbuys.com)**, BID # BD-24-1044-EPS90-ADMN-99591**

**All applications must be received by 5:00 P.M. on Monday, December 30, 2024**

**Application Checklist**

Signed and Dated Grant Application Cover Page

Completed Budget Summary Page

Completed Budget Narrative Page(s) – Must provide **detailed descriptions** for each item requested

* **Personnel Costs:** Include the amount you are requesting in this category.
* **Non Personnel-Related Training Costs:** Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes, where applicable
* **HVAC:** Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).
* **CAD:** Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).
* **Radio Console:** Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).
  + Interoperable Communications Investment Proposal (ICIP), if applicable.
* **Console Furniture/Chairs**: Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).
* **Fire Alarm Receiving & Alerting Equipment:** Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).
* **Other Equipment:** Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).

Appendix A – Personnel Costs Form

Quotes or estimates (with supporting documentation from the vendor)

Detailed Departmental Budget for FY2025 (pg. 13)

Organizational Chart (pg. 13)

**DO NOT SUBMIT DOUBLE-SIDED APPLICATIONS**

**OR**

**INCLUDE BLANK PAGES FOR WHICH NO FUNDING IS REQUESTED**

Application with original signatures shall be submitted to:

**State 911 Department**

**151 Campanelli Drive, Suite A**

**Middleborough, MA 02346**

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| --- | --- | --- | --- | --- | --- | --- |
|  | Name of Entity | |  | | | |
|  | Address | |  | | | |
|  | City/Town/Zip | |  | | | |
|  | Telephone Number | |  | | | |
|  | Fax Number | |  | | | |
|  | Website | |  | | | |
|  |  | | | | | |
|  |  | | | | | |
|  | Name & Title of Authorized Signatory | |  | | | |
|  | Address (if different from above) | |  | | | |
|  | Telephone Number | |  | | | |
|  | Email Address | |  | | | |
|  |  | | | | | |
|  |  | | | | | |
|  | **Name & Title Grant Contract Manager** | |  | | | |
|  | Telephone Number | |  | | | |
|  | Email Address | |  | | | |
|  |  | |  | | | |
|  |  | | | | | |
|  | Total Grant Program funds requested. | | | | **$** | |
|  | **REQUIRED**   * **Applicant has a continuity of operations plan (COOP)** * **Applicant acknowledges its Alternate PSAP** | | | | |  |
|  | Provide EMD utilizing in-house certified emergency medical dispatchers using the following 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.** | | | | | |
|  | *Sign below to acknowledge having read and agreed to the grant conditions and reporting requirements listed in the grant guidelines.*  ***Signed under the penalties of perjury this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_*.** | | | | | |
|  |  |  | | | | | |
|  |  | **ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY** | |  | | | |

|  |  |
| --- | --- |
| **CATEGORY** | **AMOUNT** |
| A. Enhanced 911 Telecommunicator Personnel Costs | $ |
| B. Non Personnel-Related Enhanced 911 Training Costs | $ |
| C. Heat, Ventilation, Air Conditioning, and Other Environmental Control Equipment | $ |
| D. Computer-Aided Dispatch Systems | $ |
| E. Radio Consoles | $ |
| F. Console Furniture and Dispatcher Chairs | $ |
| G. Fire Alarm Receiving and Alerting Equipment Associated with Providing Enhanced 911 Services | $ |
| H. Other Equipment and Related Maintenance  Associated with Providing Enhanced 911 Service | $ |
| **TOTAL\*** | **$** |

**BUDGT SUMMARY**

\*Total amount must exactly match amount requested on application page

**DETAIL NARRATIVE**

**Please make sure that every item listed in the above Budget Worksheet is listed in the below narrative with a detailed description including category of item, price per unit, quantity, brand, model, and any other pertinent and available information. For example:** C. HVAC – 4 acme P22 air filters at $20.00 per filter. **For personnel costs, complete Appendix A – Personnel Costs Form. Please use additional pages if needed.**

1. **Enhanced 911 Telecommunicator Personnel Costs** – to defray the costs of salary and training for enhanced 911 telecommunicator personnel, including enhanced 911 telecommunicators who are emergency communications dispatchers or supervisors. In order to be eligible for such funding, a grantee shall show that the personnel costs to be reimbursed: (1) cover only personnel who are trained and certified as an enhanced 911 telecommunicator in accordance with the requirements of the State 911 Department, or are in the process of obtaining such certification, in accordance with the requirements of the State 911 Department; and (2) except as otherwise approved by the State 911 Department, are solely for hours in which such personnel are working in the capacity of an enhanced 911 telecommunicator as their primary job function; and (3) except as otherwise approved by the State 911 Department, are solely for hours in which such personnel are conducting quality control/quality assurance of 911 calls.

Certified enhanced 911 telecommunicators or new personnel working toward obtaining such certification for which reimbursement requests are submitted shall be identified on Appendix A: Personnel Costs form. A PSAP may add a certified enhanced 911 telecommunicator or personnel working toward such certification following the award of the grant by submitting a request to [911DeptGrants@mass.gov](mailto:911DeptGrants@mass.gov). Said request shall contain the information noted on Appendix A: Personnel Costs form and shall provide documentation of the required certifications received from attendance at courses hosted by an entity other than the State 911 Department. The State 911 Department will review the request and advise, in writing, whether or not the request has been approved.

* **Attach Appendix A - Personnel Costs Form**

\_\_\_\_\_\_\_\_\_

**Total Category A**

1. **Non Personnel-Related Training Costs –** to defray the cost of live or online training courses, and certifications/recertifications, and quality assurance of EMD, to include applicable vendor fees, registration fees, and instructor fees. Funding may be authorized for membership fees for the following national and industry-recognized professional organizations:

The Association of Public Safety Communications Officials (APCO)

National Emergency Number Association (NENA)

and for membership fees (not to exceed one membership per PSAP or RECC) for the following professional organization:

Massachusetts Communications Supervisors Association (MCSA)

Expenses associated with attendance at conferences will **NOT** be covered, except that funding may be authorized for conference registration fees only (but not for any other expenses associated with attendance) for APCO, NENA, and Navigator conferences.

Funding may be authorized for the purchase, installation, replacement, maintenance, and /or upgrade of software and other products directly related to the certification and training of enhanced 911 telecommunicators, including but not limited to, call handling guide cards, call handling software, emergency medical dispatch software, skill and ability testing software, and additional related training materials such as books and manuals. No funding under this category will be available for equipment, hardware, or internet service. 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(s):**

**Vendor(s):**

* Attach Quote and mark with letter B

**Total Category B**

**C. Heat, Ventilation, Air Conditioning and Other Environmental Control Equipment –** to defray costs associated with the acquisition and maintenance of heat, ventilation and air-conditioning equipment and other environmental control equipment. Such funds may only be used to purchase, install, replace, maintain, operate, and/or upgrade such equipment used in the physical space used for the provision of enhanced 911 service.

**Description:**

**Vendor:**

* Attach Quote and mark with letter C

**Total Category C**

**D. Computer-Aided Dispatch Systems –** to defray costs associated with the purchase, installation, replacement, maintenance and/or upgrade of CAD hardware and software used by emergency communication dispatchers, call takers, and 911 operators in wireless state police PSAPs to initiate public safety calls for service and dispatch, and to maintain the status of responding resources in the field. Funds may be used for mobile devices that are linked to a CAD system. It does not include records management systems, whether or not part of a CAD system.

**Description(s):**

**Are the requested items linked to CAD?**

**Where will the requested items be located?**

**What will be displayed on monitors, if requested?**

**Vendor(s):**

* Attach Quote and mark with letter D

**Total Category D**

**E. Radio Console –** to defray costs associated with the purchase, installation, replacement, maintenance, and/or upgrade of radio consoles to be used at wireless state police PSAPs. Such funds may only be used to purchase, install, replace, maintain, and/or upgrade such radio consoles used in the physical space used for the provision of enhanced 911 service.

**Applicants requesting funds for interoperable communications components, such as radios, or other communication system components must include with their grant application the Interoperable Communications Investment Proposal (ICIP). The ICIP Template can be found here** [**ICIP Template Download (mass.gov)**](https://www.mass.gov/doc/icip-form-with-conditions/download?_ga=2.217334166.1288377473.1607959209-1195923342.1562698534)**.**

**Description:**

**Vendor:**

* Attach Quote and mark with letter E

**Total Category E**

**F. Console Furniture and Dispatch Chairs** - to defray costs associated with the purchase, installation, replacement, maintenance, and/or upgrade of console furniture and dispatcher chairs necessary for enhanced 911 telecommunicators working at wireless state police PSAPs to perform their jobs effectively and in an ergonomically appropriate manner. Such funds may only be used to purchase, install, replace, maintain, and/or upgrade such console furniture and dispatcher chairs, including shelving, storage cabinets, and rotary resource files used in the physical space used for the provision of enhanced 911 service, except as otherwise approved by the State 911 Department, based on supporting documentation that the physical space used for the provision of enhanced 911 service is inadequate to house the equipment, or except as otherwise approved by the State 911 Department based on supporting documentation.

**Description:**

**Have you previously applied for funding for dispatcher chairs?**

**If so, what year?**

**Are they under warranty?**

**Vendor:**

* Attach Quote and mark with letter F

**Total Category F**

**G. Fire Alarm Receiving and Alerting Equipment Associated with providing Enhanced 911 Services** - to defray costs associated with the purchase, installation, replacement, maintenance, and/or update of fire alarm receiving and alerting equipment used at wireless state police PSAPs. Funding may be used to purchase, install, replace, maintain, and/or update systems used by such PSAPs to alert remote station personnel of emergency responses, including hardware and components installed within remote station locations. Funding for street or structure based cable or radio fire alarm boxes and related hardware is not permitted.

**Description:**

**Vendor:**

* Attach Quote and mark with letter G

**Total Category G**

**H. Other Equipment** **and Related Maintenance Associated with Providing Enhanced 911 Service**- to defray costs associated with the purchase, installation, replacement, and/or maintenance of other equipment used in the physical space used for the provision of enhanced 911 service, except as otherwise approved by the State 911 Department, based on supporting documentation that the physical space used for the provision of enhanced 911 service is inadequate to house the equipment, or except as otherwise approved by the State 911 Department based on supporting documentation. Funding may be used for, but is not limited to: support technology (such as printers, headsets, and call recorders); supplies (such as disc and printer cartridges); hardware and support costs (excluding monthly recurring telephone service costs) for telephones; acoustic wall coverings; ESD-resistant flooring; lighting; and security equipment used for securing access to the PSAP to prevent entry by the public or unauthorized personnel.

**Applicants requesting funds for interoperable communications components, such as radios, or other communication system components must include with their grant application the Interoperable Communications Investment Proposal (ICIP). The ICIP Template can be found here** [**ICIP Template Download (mass.gov)**](https://www.mass.gov/doc/icip-form-with-conditions/download?_ga=2.217334166.1288377473.1607959209-1195923342.1562698534)**.**

**Description(s):**

Please include **use and location** for each of the requested items.

**Vendor(s):**

* Attach Quote and mark with letter H

**Total Category H**

*REMINDER: Disposal of Equipment Purchased with Grant Funding: Grantees may replace and/or dispose of equipment purchased with funds under the State 911 Department grant programs only if such equipment has reached the end of its useful life, in accordance with the manufacturer’s warranty or industry expected useful life, whichever is longer. Disposal shall be incompliance with municipal guidelines, and equipment may be transferred to public entities for public municipal purposes only.*

**All goods and/or services must be received on or before June 30, 2025 to be eligible for funding under the Fiscal Year 2025 State 911 Department Wireless State Police Public Safety Answering Points Grant.**

**Appendix A: Personnel Costs**

**(List Certified Enhanced 911 Telecommunicators)**

**{Alphabetical Order by Last Name}**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Hourly Pay Rate** | **Overtime Pay Rate** |
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**\*Please use additional pages if needed.**