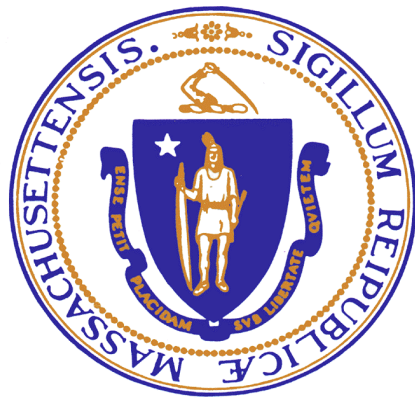


Commonwealth of Massachusetts

**Executive Office of Public Safety and Security
State 911 Department**



**State 911 Department
Training Grant Application
Fiscal Year 2026**

**All applications shall be mailed or hand delivered or via
Commbuys, www.Commbuys.com, BID # BD-25-1044-EPS90-1044E-112936**

All applications must be received by 5:00 P.M. on Tuesday, December 30, 2025

FY 2026 TRAINING GRANT

Application Checklist

- ☐ Continuity of Operations Plan (COOP) e-mailed to shahri.moin@mass.gov **{Annually}**
- ☐ Signed and Dated Training Grant Application Cover Page
- ☐ Completed and Attached the *Personnel Costs Worksheet(s)* **{{REQUIRED}}**
- ☐ Completed Training Grant Budget Narrative
- ☐ Included Vendor Quote(s), if applicable
- ☐ Completed Contractor Authorized Signatory Listing Form signed by a City or Town Official **AND each listed signatory must sign next to their name on the form**
- ☐ Completed Highlighted Sections, Signed and Dated Standard Contract Form

DO NOT SUBMIT DOUBLE-SIDED APPLICATIONS

Application with original signatures shall be submitted to:

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

FY 2026 TRAINING GRANT

Name of Eligible Entity / PSAP / RECC

Address

City/Town/Zip

Telephone Number

Fax Number

Website

Name & Title of Authorized Signatory

Telephone Number

Email Address

Name & Title Grant Contract Manager

Telephone Number

Email Address

Total Grant Program Funds Requested \$ _____

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.

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 _____ day of _____, 20 ____.

ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY

FY 2026 TRAINING GRANT

BUDGET NARRATIVE

- A. **Fees** – Fees associated with attendance at approved live or online 911 training courses, including certifications/recertification 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:

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

Conference Fees:

Total Category A

\$ _____

- 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 **{{REQUIRED}}** **Personnel Costs Worksheet(s)** and enter below.

Total Category B

\$ _____

- 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:

Attach quote for this category

Total Category C

\$ _____

- D. **Lodging** – 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 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. **If requesting funding under this category, applicant must provide its employment Agreement.**

Description: Show your calculation for the amount you are requesting on an additional sheet of paper.

Total Category E

\$ _____

CONTRACTOR INFORMATION				COMMONWEALTH INFORMATION		
Contractor Legal Name		d/b/a		Department		MMARS Code
Legal Address As entered on Form W-9 or Form W-4				Contract Manager Name		Business Mailing Address
Contract Manager Name				Billing Address If Different		
Phone	Email	Fax		Phone	Email	Fax
Vendor Code VC				MMARS Doc ID(s) CT EPS GRNT		
Vendor Code Address ID AD e.g. "AD001". Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.				RFR/Procurement or Other ID Number		

NEW CONTRACT		CONTRACT AMENDMENT	
Procurement or Exception Type (Check one option only)		Current Contract End Date	Amendment Amount
Statewide Contract (OSD or an OSD-designated department.)		PRIOR to Amendment	Or Enter "No Change"
Collective Purchase (Attach OSD approval, scope, and budget.)		Amendment Type (Check one option only. Attach details of amendment changes.)	
Department Procurement - Includes all Grants 815 CMR 2.00 . (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.)		Amendment to Date, Scope, or Budget (Attach updated scope and budget.)	
Emergency Contract (Attach justification for emergency, scope, and budget.)		Interim Contract with Current Contractor (Attach justification for Interim Contract and updated scope/budget.)	
Contract Employee (Attach Employee Status Form, scope, and budget.)		Contract Employee (Attach any updates to scope or budget.)	
Interim Contract with new Contractor (Attach justification for Interim Contract and updated scope/budget.)		Other Procurement Exception (Attach authorizing language/justification and updated scope/budget.)	
Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)			

The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding (Check ONE option):

Commonwealth Terms and Conditions	Commonwealth Terms and Conditions for Human and Social Services	Commonwealth IT Terms and Conditions
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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](#).

Rate Contract (No Maximum Obligation). (Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)

Maximum Obligation Contract. Total maximum obligation for total duration of this contract (or new total if contract is being amended):

Commonwealth payments are issued through Electronic Funds Transfer (EFT) 45 days from invoice receipt. See [Prompt Pay Discounts Policy](#).

Contractors requesting **accelerated** payments must identify a PPD as follows: Payment issued within: 10 days % PPD. 15 days % PPD. 20 days % PPD. 30 days % PPD.

If PPD percentages are left blank, identify reason:

Statutory/legal	Ready Payments (M.G.L. c. 29, § 23A)	Agree to standard 45-day cycle	Only initial payment

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 to support regionalization efforts to maximize effective emergency 911 and dispatch services as well as regional interoperability in compliance with the State 911 Department FY 2026 Training Grant and the awarded proposal attached hereto.**

Does the Supplier Diversity Program apply?	YES	If YES, the Contractor's annual SDP commitment for this Contract is
	NO	If NO, and the department is an Executive Department, enter the appropriate exemption:

The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.

2. may be incurred as of _____, 20____, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.

3. were incurred as of _____, 20____, a date PRIOR 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.

Contract performance shall terminate as of _____, 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.

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 certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further 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, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor’s Response (excluding any language stricken by a Department as unacceptable, 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 [801 CMR 21.07](#), incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR Signature and date must be captured at time of signature.		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH Signature and date must be captured at time of signature.	
Signature	Date	Signature	Date
Print Name	Print Title	Print Name	Print Title

Please note when completing the Contractor Authorized Signatory Listing form, there must be at least two (2) people noted as signatories and each person must sign next to their name. The individual signing the form can also be listed above as a signatory.



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	Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number or Social Security Number)
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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

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	Date
Print Name	Phone Number
Title	Email Address

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