

Commonwealth of Massachusetts  
Executive Office of Public Safety and Security  
Office of Grants & Research  
Commonwealth Security Trust Fund Grant Program (CSTF)  
**Attachment A**  
**Application Template**

**Section I. Applicant Information**

Name of Police/Fire Department: \_\_\_\_\_

CSTF Funding Requested: \$ \_\_\_\_\_

Name of Police/Fire Chief: \_\_\_\_\_  
(First and Last Name)

Police/Fire Chief Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Police/Fire Department Mailing Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Grant Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Note: The person designated as the *Grant Contact* shall serve as the project's point person and be responsible for receiving and responding to EOPSS' project related requests)

**Grant Contact Mailing Address:**

Same as Above

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fiscal Point of Contact for Grant: Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Fiscal Contact Mailing Address:**

Same as Above

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

DUNS Number \_\_\_\_\_ Currently registered in SAM?  Yes  No

**Project Summary:** Four sentences (250 characters *maximum*), summarizing the type of equipment/technology to be purchased and/or program activities proposed to enhance emergency response.

**Non- Supplant**

I hereby certify that, in accordance with solicitation guidelines, the \_\_\_\_\_  
(NAME OF APPLICANT)

has been informed by the EOPSS that supplanting of grant funds is strictly prohibited and, if awarded, will not use grant funds to replace state and local funds that would, in the absence of such assistance, otherwise be made available for this law enforcement/fire service purpose.

**Statewide Interoperability: Interoperable Communications Investment Proposal (ICIP)**

Equipment proposals that request funds for interoperable communications components such as the purchase of radios, mobile data terminals or communication system components are subject to an additional review and approval process per Executive Order 493 (SIEC) or a representative thereof. Applicants requesting to purchase this type of equipment must also download and complete an additional Interoperable Communications Investment Proposal (ICIP) form to submit with this application. The ICIP form is located under **Attachment C**.

Are you requesting funds for interoperable communications and believe your application requires SIEC review and approval?      Yes                  No

If Yes, did you complete and attach the ICIP required form (**Attachment C**)?      Yes                  No

**THIS SIGNATURE PAGE MUST BE SIGNED AND MAILED WITH YOUR HARD COPY APPLICATION**

**Signature Page**

*The following must be completed and signed by the municipality's Chief Executive Officer (Mayor, Town Manager, Town Administrator) on behalf of the Police and/or Fire Department submitting this application.*

**Municipality's Authorizing Official**

**As the Chief Executive Officer for this City or Town, I am requesting funds for a Commonwealth Security Trust Fund grant award from the Executive Office of Public Safety and Security. I have reviewed and approve the content contained in this application being submitted for consideration of funding.**

Name of Police/Fire Department: \_\_\_\_\_

Chief Executive Officer Name-Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
*(This must be signed in blue ink and mailed with your application)*

## Section II. Narrative Template

### 1. Needs Assessment (1 page limit)

*Use the space provided to 1) describe your law enforcement/fire department, 2) describe in detail the current unmet equipment, technology, training and/or planning needs using relevant statistical and/or anecdotal data, 3) describe any negative effects, potential consequences or impact against the department and/or community as a result of not having the items being requested, 4) describe the sources or methods used for assessing the problem.*

*Section II. Narrative Template, Continued*

**2. Project Description (1 page limit)**

*Describe the equipment and technology to be purchased or upgraded and/or programming to be implemented. Include the purpose for purchasing said equipment and/or programming, where the program will take place/ equipment will be used/stored; who will utilize or be responsible for the upkeep, monitoring and maintenance of such goods, etc.; correlation to the needs assessment; expected benefits/outcomes for officers/firefighters and/or community and any other info that may be helpful to justify the funding request.*

**3. Implementation Plan, Timeline and Person Responsible**

*Complete this table as outlined. Be sure to identify the person (include name and rank) responsible for receiving proposed goods and/or implementing each major task/activity. Include an approximate timeframe as to when the department expects to start/end each task.*

Major Tasks/Activities to be Conducted (including a bidding process for contract and/or equipment purchases)	Anticipated Timeline (start/end date)	Anticipated Outcome	Staff Responsible

#### **4. Budget Narrative Summary**

*The budget narrative shall provide a justification on the basis of each proposed cost category in the budget and how the cost supports the goals and objectives of the proposed project(s). Please describe each cost category, the amount requested for the category, and the purpose of the cost/purchase. All costs must be justified in this section.*