

PSAP FISCAL INFORMATION

ONE FULL YEAR- (NOT PROJECTED) (No later than July 31-, 2009)

From: Month _____ **Year** _____ **Through: Month** _____ **Year** _____

INCOME

FUNDING SOURCE	REVENUE
Emergency Communications Fees (9-1-1 Fees)	
County/City/Taxing District(s) General Fund	
Fees Charged to Public Safety Agencies (Fire, EMS, Law Enforcement)	
Fees Charged to Non-Public Safety Agencies	
Grants	
Donations / In Kind Contrib.	
Cash on Hand	
Investment Income	
Other:	
TOTAL	

EXPENSES

CATEGORY	EXPENSES
Personnel – Salaries directly related to systems	
Personnel - Dispatchers	
Operating	
Capital	
Other	
TOTAL	

Financial Verification Contact: _____

Financial Contact Information: Phone No: _____ **Email:** _____

County or City Name and Location Where Equipment Will Be Installed
(required): _____
(Must have endorsed application from the governmental entity where the equipment will be installed.)

County(s) collects Emergency Communications Fee as provided for in Idaho Code § 31-4804:
Yes _____ **No** _____ **Year County Received Voter Approval:** _____

County(s) collects Enhanced Grant Fee as provided for in Idaho Code § 31-4819 and submits fee to Commission on timely basis: **Yes** _____ **No** _____
Explanation:

Date County Passed Enhanced Grant Fee Resolution: _____

Section B. Equipment Application

Equipment requested: List each item as a separate priority on a separate line, except for items that come as a kit as listed on manufacturer's web site or catalog. Budgetary pricing from vendors as well as price quotes are acceptable.

Pursuant to Idaho Code § 31-4804(5), grant funds may be used only for Consolidated Emergency Communications Systems to pay for the lease, purchase or maintenance of emergency communications equipment for basic and enhanced consolidated emergency systems, including necessary computer hardware, software, database provisioning, training, salaries directly related to such systems, costs of establishing such systems, management, maintenance and operation of hardware and software applications and agreed-to reimbursement costs of telecommunications providers related to the operation of such systems.

Grant funding is not available for all other expenditures necessary to operate such systems and other normal and necessary safety or law enforcement functions including, but not limited to, those expenditures related to overhead, staffing, dispatching, administrative and other day-to-day operational expenditures.

Equipment Description	Purpose	Funds Requested	PSAP Financial Contribution
Amount of Anticipated Use (ie. 24/7/365)	Vendor Base Price	Replace Existing Equipment Y/N & Type	
Description of Similar Equipment Currently in Use	Purpose	Age in Years	Condition

Electronic photos of equipment to be replaced Send to: egoldsmith@imd.idaho.gov

Section C. Maintenance and Service Fees Application

Anticipated Annual Equipment Maintenance Description	Purpose (i.e. Basic to Enhanced or Phase I to II)	Funds Requested	PSAP Financial Contribution
Name of Equipment Maintenance Provider	Service Provider Pricing	Date of Budgetary Pricing Quote	
Name of Current Equipment Maintenance Provider	Current Annual Maintenance Service Fees	Description	

Anticipated Annual Ongoing Network Services Fees Description	Purpose	Funds Requested	PSAP Financial Contribution
Name of Network Service Provider	Network Service Provider Pricing	Date of Budgetary Pricing Quote	
Name of Current Network Service Provider(s)	Current Annual Ongoing Network Service Fees	Description	

TOTAL AMOUNT OF EQUIPMENT, ANNUAL MAINTENANCE AND SERVICE FEES REQUESTED \$ _____

PSAP Equipment, Maintenance & Network Needs

Please list additional equipment needs below. This request is for the Commission use to indicate agency needs statewide. It is **NOT** necessary to prioritize requests, obtain vendor price quotes, nor submit Narrative of Need. *This listing is for information only.*

Equipment Description	Purpose	Age of Oldest Similar Equipment	Approximate Cost

Equipment Maintenance Description	Purpose	Approximate Annual Cost

Network Service Fees Description	Purpose	Approximate Annual Cost

Section G. Grant Application Checklist

THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR COMPLETION OF THE APPLICATION:

ATTACHMENT NAME	(Place a X for applicable entries)
Completed <i>Request for Taxpayer Identification Number and Certification</i> (W-9)	<input type="checkbox"/>
County(s), City(s) and/or Taxing District endorsement(s) -All Public Safety Served by PSAP	<input type="checkbox"/>
Vendor budgetary pricing or quote for equipment being requested	<input type="checkbox"/>
Electronic photos of equipment to be replaced, if applicable	<input type="checkbox"/>
Equipment maintenance fees vendor budgetary pricing or quote for those fees being requested	<input type="checkbox"/>
Network service provider fees budgetary pricing or quote for those fees being requested	<input type="checkbox"/>
Narrative of need for equipment being requested	<input type="checkbox"/>
Narrative of need for equipment maintenance fees being requested	<input type="checkbox"/>
Narrative of need for network service fees being requested	<input type="checkbox"/>

THE FOLLOWING INFORMATION IS REQUIRED FOR GRANT ELIGIBILITY:

Primary Grant Contact Information
Estimated resident population in primary response area in Idaho
Estimated daytime population in primary response area in Idaho
Estimated seasonal population in primary response area in Idaho
Estimated tourist population in primary response area in Idaho
2008 PSAP Call Volume: Requests for service and number of calls dispatched
Square Mileage of Area Served by PSAP
List of Agencies Served – Law Enforcement, Fire, EMS & non-public safety agencies
Financial information (most recently completed 12-month period) including PSAP income and expenses
Information on the collection of Emergency Communications Fees and the Enhanced Grant Fee
Name of contact person for fiscal information
Age and condition of equipment being replaced, if applicable
Type, quantity, and purpose of similar equipment presently in use by applicant
Budgetary Pricing from Vendors for Equipment Maintenance Fees and Network Service Fees
Information on agency submission of Enhanced Emergency Communications Grant Fee by all counties serviced by PSAP

Applications are due on or before July 31, 2009

Postmarked or Hand Delivered to Emergency Communications Commission Office

Late applications shall be excluded from consideration for any award

SEND AND OBTAIN A RECEIPT OF MAILING, HAND DELIVER OR EMAIL A PDF COPY OF YOUR APPLICATION NO LATER THAN 5:00 PM MOUNTAIN TIME TO:

IDAHO EMERGENCY COMMUNICATIONS COMMISSION
C/O BUREAU OF HOMELAND SECURITY PUBLIC SAFETY
ATTN: EDDIE GOLDSMITH
P.O. Box 83720
BOISE, ID 83720-0076

or Email to: egoldsmith@imd.idaho.gov

OBTAIN A RECEIPT ACKNOWLEDGEMENT AND RETAIN RECEIPT UNTIL EMERGENCY COMMUNICATION COMMISSION HAS CONFIRMED RECEIPT OF APPLICATION STATUS OF YOUR APPLICATION IS LISTED ON THE IDAHO EMERGENCY COMMUNICATIONS COMMISSION WEBSITE: WWW.E911.IDAHO.GOV.

Section H. Signature Page

SIGNATURE

I hereby certify that the information contained in this application is true and correct.

If County:

Date: _____ **Board of _____ County Commissioners**

By: _____
_____, Chairman

By: _____
_____, Commissioner

By: _____
_____, Commissioner

ATTEST:

_____, County Clerk

If City:

Date: _____ **City of _____**

By: _____
_____, Mayor

ATTEST:

_____, City Clerk