**STATE OF MONTANA**

**DEPARTMENT OF ADMINISTRATION**

**Governor Steve Bullock**

**John Lewis, Director**

**9-1-1 GRANT PROGRAM**

**APPLICATION GUIDELINES**

**For 2018-2019 Biennium**

**A. INTRODUCTION**

**1. Statement of Purpose**

The 9-1-1 grant program is a state-funded program created by the 2017 Legislature. The program’s legislative purpose (Section 10-4-306, MCA) is to support the implementation, operation, and maintenance of 9-1-1 systems, equipment, devices, and data.

**2. Program Funding (*Section 10-4-304, MCA*)**

Per 10-4-201 MCA, a fee of 25 cents a month per access line on each subscriber in the state is imposed for the 9-1-1 grants provided in 10-4-306 MCA. Telecommunication providers collect the 25 cents a month from their subscribers in their monthly billing for services. The providers are required to remit all collected 9-1-1 fees to the Montana Department of Revenue on or before the last day of the month following the end of each calendar quarter (10-4-204 MCA). The Department of Revenue then deposits the remitted funds into the 9-1-1 grant program account established in 10-4-304(2)(b).

It is estimated that approximately $3.125 million annually will be collected and deposited in the 9-1-1 grant program account. In addition, it is estimated that on July 1, 2018 approximately $4.0 million will be initially transferred into the 9-1-1 grant program account. All funds will be available for grants to be awarded to private telecommunications providers and certified local government entities that host public safety answering points.

**3. Program Contact**

9-1-1 Grant Program

1400 8th Avenue

P.O. Box 200113

Helena, MT 59620-0113

Phone: (406) 444 - 2420

Fax: (406) 444 - 0165

Website: <http://sitsd.mt.gov/PublicSafetyCommunications>

*The Montana Department of Administration does not discriminate in the admission to, access to, or operations of its programs, services, or activities. Individuals, who need aids or services for effective communications or other disability-related accommodations in the programs and services offered, are invited to make their needs and preferences known. Please provide as much advanced notice as possible for requests.*

**B. PROGRAM GLOSSARY OF TERMS**

**Certified Local Government Entity** -

**Department** – Montana Department of Administration provided for in Title 2, Chapter 15, Part 10 MCA.

**Eligible Private Telecommunications Provider** – A private telecommunications provider that provides wireline or wireless 9-1-1 telecommunication services in the State of Montana and which collects Montana 9-1-1 fees from its customers and remits all collected fees to the State of Montana.

**MCA** – Montana Code Annotated

**Private Telecommunications Provider** – A wireline provider that is a public utility, a cooperative telephone company, or any other entity that provides telephone exchange access services in Montana (10-4-101(20) MCA) or a wireless provider that is an entity, as defined in 35-1-113 MCA, that is authorized by the Federal Communications Commission (FCC) to provide facilities-based commercial mobile radio service within Montana (10-4-101(28) MCA).

**Project Site** – The location in Montana within a local government jurisdiction at which the 9-1-1 grant funds will be expended.

**Resolution** – A formal resolution authorizing a certified local government entity to submit a grant application or a formal resolution of support for an application to be submitted by an eligible private telecommunications provider. A resolution is required before grant funds can be committed by the Department.

**Start Date** - Typically, the effective date of the grant contract is the date that the application is approved by the Department. However, in exceptional cases, the Department may consider an earlier start date if formally requested by the applicant and a rationale for the request is submitted and approved by the Department.

**C. ELIGIBLE APPLICANTS**

Eligible applicants include:

* Eligible private telecommunications providers; and
* Certified local government entities.

*An eligible private telecommunications provider is an eligible recipient of a 9-1-1 grant through a cooperative endeavor with a certified local government entity that hosts a public safety answering point. All eligible private telecommunications providers that are applying for a 9-1-1 grant need to address local, regional and statewide competition and how any grant award would affect competing providers in their application.*

**D. ELIGIBLE USES OF FUNDS**

Per 10-4-306(2) MCA, the types and uses of 9-1-1 grant funds awarded to eligible private telecommunications providers and certified local government entities include:

* emergency telecommunications systems plan(s);
* project feasibility studies or project plans;
* the implementation, operation, maintenance and purchase of 9-1-1 systems, equipment, devices, and data; and
* the purchase of services that support 9-1-1 systems.

**Administrative Costs:** Grant awardees, with Department approval may utilize a portion of the 9-1-1 grant program award for eligible administrative expenses. The total project administrative expenses reimbursed with 9-1-1 grant program funds shall not exceed eight (8) percent, or a maximum of $30,000 of the total 9-1-1 grant funds awarded per project.

*Example: a funding request submitted by an applicant for 9-1-1 equipment in the amount of $200,000 may include an additional request of 8% for grant administrative expenses, or $16,000 which equals a total grant funding request of $216,000. However, if an award is made, administrative expenses will not exceed 8% of eligible expenses incurred during the project.*

***Any document prepared with public funds is subject to the public’s right to know (Article II, Section 9 of the Montana Constitution). Applicants must sign the application form acknowledging that all documents produced with 9-1-1 grant program funding are considered public documents.***

***It is important that applicants not incur costs or obligate funds which are intended to be reimbursed by a 9-1-1 program grant prior to the date of award. Expenses incurred by applicants prior to an award date are expenses incurred at the applicant’s own risk.***

**E. ELIGIBLE MATCH**

***Applications which include cash matching funds are a higher priority of the 9-1-1 Advisory Council and the Department.***

Matching funds shall include new, unexpended cash funds available at the time of application that will be invested at the Montana project site by the private telecommunications company and/or local government entity that is awarded a grant. Funds must be expended within the contract period (Ex: 2 years). Proposed matching funds shall be in the ratio of 50/50 (i.e. $1 for $1).

Eligible matching funds include unexpended cash only and do not include in-kind contributions (donated time and effort, real and personal property, and goods and services).

***Expenditures made before grant funding approval, without the written consent of the Department to incur project costs, will not be eligible as matching funds.***

**F. APPLICATION REVIEW & GRANT AWARDS**

**Per 10-4-306 MCA, the Department shall, in consultation with the 9-1-1 Advisory Council, award competitive grants annually.**

**On a calendar year basis:**

* the 9-1-1 grant program will accept applications during the period of June 1 to September 30;
* the 9-1-1 Advisory Council will review all submitted applications and make funding recommendations to the Department during the period of October 1 to December 31;
* the Department will make final grant awards and distribute grant contracts for review during the period of January 1 to March 31.and
* The Department will execute grant contracts and release grant funding during the period of April 1 to June 1.

**Grant Award Preference (10-4-306 MCA)**

In awarding grants, preference must be given to applications in the following order of priority:

(a) requests by private telecommunications providers or by certified local government entities by working with a private telecommunications provider; and

(b) requests by certified local government entities.

Nothing prevents a certified local government entity from:

(a) providing grant money received by the certified local government entity to a private telecommunications provider for 9-1-1 purposes; or

(b) collaborating with another local government entity on a joint grant application.

**Grant Awards and Funding Levels Will Be Determined by Factors Such As:**

1. The availability of funding;
2. Support of the Statewide 9-1-1 Technology Plan;
3. Matching Funds;
4. Local participation and commitment demonstrated with matching funds, and letters of support (letters of support should be addressed to the 9-1-1 Advisory Council);
5. Location of the project;
6. The quality of the proposal;
7. The community and regional public safety need; and
8. Project readiness to proceed immediately upon notification of award.

*Note: The 9-1-1 Advisory Council and the Department reserves the right to request additional information or accept reasonable variations from the information requirements listed on a case-by-case basis if necessary to make a funding decision, especially if the project contains unique items that may require different information than requested in these Application Guidelines.*

**Application Submittal and Deadlines:** All applications are accepted on an ***annual basis*** ***June 1 to September 30***. **Applications must be submitted (postmarked if using mail) by the deadline date**. Applicants can submit the application, with all attachments to the 9-1-1 grant program:

9-1-1 Grant Program

1400 8th Avenue

P.O. Box 200113

Helena, MT 59620-0113

***Email: qness@mt.gov***

**G. DEPARTMENT FOLLOW-UP**

1. **Award Letter** – Upon the Montana Department of Administration Director’s approval of funding a tentative award letter will be transmitted to the applicant notifying them of a tentative 9-1-1 grant funding award, or notice of application not being approved for funding. If awarded funding, this will be followed by correspondence from 9-1-1 grant program staff identifying any terms and conditions of that commitment.
2. **Contracts** – The appropriate contracts for an award include, but are not limited to: a contract between the Department and the private telecommunications company or certified local government entity. These contracts will include the performance criteria necessary for 9-1-1 grant funds to be expended and released. 9-1-1 grant award recipient must execute and return the grant contract within thirty (30) days of receipt of the final contract. All projects need to be ready to proceed within ninety (90) days from receipt of the final contract.

*Note: Most grant contracts will be executed for one year with an option to renew for an additional year depending upon the recipient’s performance.*

1. **Disbursement of Funds** –The Department requires approved documentation verifying eligible costs incurred by the grant award recipient. The Department reserves the right to request further documentation when, in the exercise of its judgment, such documentation is needed to confirm contract performance.

Once all start up activities are completed, and the project has reached Release of Funds status, the following items must be submitted in order to request funds:

Request for Payment Form signed and dated by the authorized Representative;

* Project Progress Report detailing progress towards achieving project milestones that were described in the application as well as describing any difficulties encountered in working towards these milestones.
* Approved documentation verifying eligible costs were incurred;
* Documentation of matching funds expended to date;

*Note: Many projects are approved on a 50% reimbursement basis. In this stipulation, half of the costs of an eligible invoice received by the Department will be paid.*

1. **Award withdrawal -** The Department reserves the right to withdraw a commitment of any 9-1-1 program grant funds for projects that have:
   1. Not provided all requested contract information within 30 days of the date on the Notice of Award, and/or;
   2. Not returned the 9-1-1 grant contract to the Department within 30 days of receipt of the final contract, and/or
   3. Are not ready to proceed within ninety (90) days of receipt of the final contract.

**H. Other Considerations**

1. **Ownership and Publication of Materials**

All information and materials generated by the proposed activity become the sole property of the State of Montana and the Contractor. The grant recipient will retain the right to utilize, reprint and distribute all said information and materials.

All materials developed wholly or in part by the funding provided under the Contract shall state that “The funding for the (insert name of project) was funded (in part, if applicable) by an award from the Montana Department of Administration, 9-1-1 Grant Program”.

1. **Withholding Funds**

The Department will withhold ten percent (10%) of the total amount awarded to the Contractor until the Department verifies that all tasks outlined in the SCOPE OF WORK, the CONDITIONS ON METHOD OF REIMBURSEMENT, and the REPORTING REQUIREMENTS sections of the signed contract have been completed by the Contractor and approved by the Department.

1. **Record Keeping**

The grant recipient must maintain full and accurate records with respect to the project and must ensure adequate control over the records of related parties in the project. The Department requires access to such records, as well as the ability to inspect all project work, invoices, materials, and other relevant records at reasonable times and places. The award contract requires the grant recipient to furnish, upon the Department’s request all data, reports, contracts, documents, and other information relevant to the project.

1. **Ongoing Reporting**

The award contract specifies a periodic reporting requirement for the project. Additionally, to assist the Department with program performance reporting, the grant award recipient may be required to provide annual project updates for 3 years after the close of the contract.

1. **Additional Documentation**

The Department may request additional documentation, when in the exercise of its judgment such documentation is needed to confirm performance.

**APPENDIX A - APPLICATION FORM**

**MONTANA DEPARTMENT OF ADMINISTRATION**

**9-1-1 GRANT PROGRAM**

|  |  |
| --- | --- |
| **I. APPLICANT INFORMATION – CERTIFIED LOCAL GOVERNMENT** | |
| Name of Certified Local Government Entity |  |
| Tax Identification Number |  |
| Chief Elected Official (Full Name & Title) |  |
| Primary Contact Person (Full Name & Title) |  |
| Address (Street, City and 9-Digit Zip Code) |  |
| Phone Number |  |
| Email Address |  |
| Fax Number |  |
| Project Location |  |

|  |  |
| --- | --- |
| **II. ASSISTED BUSINESS INFORMATION** | |
| Legal Name of Business to Receive Assistance |  |
| Physical Address of Project Location |  |
| Contact Person (Full Name & Title) |  |
| Address (Street, City and 9-Digit Zip Code) |  |
| Phone Number |  |
| Email Address |  |
| County where project is located in |  |
| Tax Identification Number |  |

|  |  |
| --- | --- |
| **III. PROJECT SUMMARY INFORMATION** | |
| Total Project Cost |  |
| Amount of 9-1-1 Grant Funds Requested |  |
| Total Matching Funds *($O or 50% of Amount of 9-1-1 Grant Funds Requested)* |  |
| Proposed Use of 9-1-1 Grant Funds: |  |

|  |
| --- |
| **IV. PROJECT DESCRIPTION** |
| *Please describe, in detail, the proposed project:* |
|  |
| *Please describe, in detail, the Assisted Business (services, service area, market, competition, etc.):* |
|  |
| *Please explain, in detail, what the 9-1-1 Grant will be used for (ex: equipment purchase):* |
|  |
| *Please explain how receiving a grant will improve public safety response and/or benefit your PSAP and its agencies:* |
|  |
| *Please provide project milestones including a timeline for project activities from start-up through completion:* |
|  |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **V. ATTACHMENTS** | | |
| ATTACHMENT NAME | Place an X for Applicable Entries |
| Government Resolution(s) |  |
| Vendor budgetary pricing or quotes |  |
| Letters of Support from Agencies served by PSAP |  |
| Other Supporting Information |  |

|  |  |
| --- | --- |
| |  | | --- | | **VI. APPLICATION CERTIFICATION** | |
| As the responsible authorized agent of ***(Insert Legal Name of Applicant)***, I hereby submit this  9-1-1 Grant Program Application.  The information presented in this application is, to the best of my knowledge, true, complete and accurately represents the proposed project. I understand that additional information and documentation may be required by the Department. In addition, I understand that if ***(Insert Legal Name of Applicant)***, receives 9-1-1 Grant Program financial assistance, ***(Insert Legal Name of Applicant)*** isliable for the full amount of the grant award that is advanced by the Department if the ***(Insert Legal Name of Applicant)***: misrepresents itself or its claims, fails to inject the required amount of match into the project as specified in the executed contract, or ceases operations at the Project Site.  ***(Insert Legal Name of Applicant)*** will accept responsibility for management of the project and compliance with 9-1-1 Grant Program regulations.  ***(Insert Legal Name of Applicant)*** acknowledges that this application and any other information submitted to the Department is subject to the public’s right to know (Article II, Section 9 of the Montana Constitution). In addition, any document prepared with public funds is subject to the public’s right to know (Article II, Section 9 of the Montana Constitution) and all documents produced with 9-1-1 grant program funding are considered public documents.    ***(Insert Legal Name of Applicant)***, designates ***(Insert Name)*** as the authorized contact for any additional Department requests for the release of additional information regarding this application. |
| Name (typed): |
| Title (typed): |
| Signature: |
| Date: |

**Applications are accepted June 1 through September 30 of each Calendar Year**

***Postmarked, Emailed or Hand Delivered to the 9-1-1 Program Office***

***Late applications shall be excluded from consideration for any grant award***

**MAIL, HAND DELIVER OR EMAIL A PDF COPY OF YOUR APPLICATION NO LATER THAN 5:00 PM MOUNTAIN TIME TO:**

9-1-1 Grant Program

1400 8th Avenue

P.O. Box 200113

Helena, MT 59620-0113

EMAIL: [qness@mt.gov](mailto:qness@mt.gov)