**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. Telecommunications 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 $3.0 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.

**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.

**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 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 MCA).

**9-1-1 System (10-4-101 MCA)** - Telecommunications facilities, circuits, equipment, devices, software, and associated contracted services for the transmission of emergency communications. A 9-1-1 system includes the transmission of emergency communications:

1. from persons requesting emergency services to a primary public safety answering point and communications systems for the direct dispatch, relay, and transfer of emergency communications; and
2. to or from a public safety answering point to or from emergency service units.

**C. ELIGIBLE APPLICANTS (10-4-306(1) MCA)**

Eligible applicants include:

* Private telecommunications providers; and
* Certified local government entities.

**D. ELIGIBLE USES OF FUNDS (10-4-306(2) MCA)**

The types and uses of 9-1-1 grant funds awarded to eligible applicants include:

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

**E. PUBLIC’S RIGHT TO KNOW (Article II, Section 9 of the Montana Constitution)**

The Constitution of the State of Montana provides for the right of the public to examine public documents and to observe the deliberations of the 9-1-1 Advisory Council, Department and the 9-1-1 grant program. Applicants must sign the application form acknowledging that all application documents and all documents produced with 9-1-1 grant program funding are considered public documents.

*NOTE: If an applicant believes that any application document(s) and/or any document(s) produced with 9-1-1 grant program funding is confidential, the applicant must contact the Department prior to submitting any application document(s).*

**F. APPLICATION REVIEW & GRANT AWARDS**

**Per 10-4-306(1) 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 ***July 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 9-1-1 Advisory Council and 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 30***.

**Grant Award Preference (10-4-306(3) MCA)**

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

1. requests by private telecommunications providers or by certified local government entities by working with a private telecommunications provider; and
2. requests by certified local government entities.

Nothing prevents a certified local government entity from:

1. providing grant money received by the certified local government entity to a private telecommunications provider for 9-1-1 purposes; or
2. collaborating with another local government entity on a joint grant application.

**In awarding grants, the 9-1-1 Advisory Council and the Department must consider the availability of program funding.**

**Application Submittal and Deadlines:** Applications are accepted on an ***annual basis*** during ***July 1 to September 30*** *of each calendar year*.

**ALL APPLICATIONS MUST BE RECEIVED BY THE 9-1-1 GRANT PROGRAM NO LATER THAN SEPTEMBER 30, 5:00 PM MOUNTAIN TIME.**

Applicants must 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**

**APPENDIX A - APPLICATION FORM**

**MONTANA DEPARTMENT OF ADMINISTRATION**

**9-1-1 GRANT PROGRAM**

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| **I. APPLICANT INFORMATION**  |
| Legal Name of Entity |        |
| Authorized Official (Full Name & Title) |        |
| Primary Contact Person (Full Name & Title) |        |
| Address (Street, City and 9-Digit Zip Code) |        |
| Phone Number |        |
| Email Address |        |
| Fax Number |        |
| Tax Identification Number |        |

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| **II. PROJECT SUMMARY INFORMATION** |
| Total Project Cost |        |
| Amount of 9-1-1 Grant Funds Requested |        |

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| **III. PROJECT DESCRIPTION**  |
| *Please describe, in detail, the proposed project:* |
|       |
| *Please explain, in detail, what eligible use(s) (See Section D. ELIGIBLE USES OF FUNDS (10-4-306(2) MCA)) the requested 9-1-1 grant funding will be used for:* |
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| **IV. ATTACHMENTS** |

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| *Please provide a description of each attachment submitted with the application form:* |
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| **VI. APPLICATION CERTIFICATION** |

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| As the responsible authorized official 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 9-1-1 Advisory Council and/or 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. ***(Insert Legal Name of Applicant)*** will accept responsibility for management of the project, 9-1-1 grant program funding received 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) including all documents produced with 9-1-1 grant program funding. ***(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.***If an applicant believes that any application document(s) and/or any document(s) produced with 9-1-1 grant program funding is confidential, the applicant must contact the Department prior to submitting any application document(s).*** |
| Name (typed):  |
| Title (typed):  |
| Signature:  |
| Date: |

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

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

**APPLICATIONS MUST BE RECEIVED BY THE 9-1-1 GRANT PROGRAM NO LATER THAN SEPTEMBER 30, 5:00 PM MOUNTAIN TIME. APPLICATIONS MUST BE DELIVERED TO:**

**9-1-1 Grant Program**

**1400 8th Avenue**

**P.O. Box 200113**

**Helena, MT 59620-0113**

**EMAIL:** **qness@mt.gov**