**MONTANA DEPARTMENT OF ADMINISTRATION**

**9-1-1 GRANT PROGRAM**

**APPLICATION FORM**

***DRAFT AMENDED FORM***

***MAY 5, 2019***

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| **DIRECTIONS** |
| * Please prepare one application form for each individual project or 9-1-1 equipment purchase. * Please attach a detailed budgetary estimate for the project or 9-1-1 equipment purchase. * If the applicant submits more than one application, please attach a narrative describing the applicants’ priorities and provide a rank order of all the applications submitted. * If the application is for the purchase of a 9-1-1 equipment, please attach a detailed narrative that includes a description of the critical nature of the equipment and the current age of the equipment that will be replaced. * If the proposed project or 9-1-1 equipment purchase is identified in the Statewide 9-1-1 Plan, please attach a narrative describing the project/purchase inclusion in the plan.   Additional Information:   * Examples of eligible 9-1-1 equipment includes, but is not limited to: |

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| **I. ELIGIBLE APPLICANT INFORMATION** | |
| As provided for in 10-4-306, MCA, the following entities are eligible applicants:   * private telecommunications providers, and * local government entities that host a certified public safety answering point (PSAP). | |
| Legal Name of the Eligible Applicant: |  |
| Tax Identification Number: |  |
| Primary Contact Person  (Full Name & Title): |  |
| Address  (Street, City and 9-Digit Zip Code): |  |
| Phone Number: |  |
| Email Address: |  |
| Fax Number: |  |

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| **II. APPLICATION PRIORITY** |
| 10-4-306(3) MCA provides for a priority preference for applications from private telecommunications providers or local government entities that host certified PSAPs that are working with a private telecommunications provider. |
| *Please identify the application priority by placing an “X” in the applicable box:*  *Private Telecommunications Provider*  *Local government entity that hosts a certified PSAPs that is working with a private telecommunications provider*  *Local government entities that hosts a certified PSAPs* |
| *If the eligible applicant is a local government entity that hosts a certified PSAP that is working with a private telecommunications provider, describe in detail how and why the local government entity and the private telecommunications provider are working together in the proposed project or equipment purchase.* |
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| **III. ALLOWABLE USES OF GRANT FUNDS** |
| 10-4-306(2) MCA provides for the allowable uses of 9-1-1 grant funds including: emergency telecommunications systems plans; project feasibility studies or project plans; the implementation, operation, and maintenance of 9-1-1 systems, equipment, devices, and data; and the purchase of services that support 9-1-1 systems. |
| *Please describe in detail what allowable uses the requested 9-1-1 grant funds will be expended for:* |
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| *Please state the amount of 9-1-1 grant funding requested:* |

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| **IV. APPLICATION EVALUATION** |
| Applications will be reviewed and evaluated by the 9-1-1 Advisory Council and the Department of Administration, consistent with the priority reference provided for in 10-4-306(3) MCA, using the following criteria:   1. Completeness and effectiveness of the application: (20 points maximum) 2. The extent to which the application supports the planning, implementation, operation or maintenance of 9 1 1 systems, 9-1-1 services or both: (50 points maximum); and 3. Support for the project that is demonstrated with letters of support from private telecommunications providers, local governments, public safety answering points and emergency services agencies: (30 points maximum). |
| *Please explain in detail how the proposed project supports the planning, implementation, operation or maintenance of 9-1-1 systems, 9-1-1 services or both:* |
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| *Please explain in detail the support for the project from private telecommunications providers, local governments, public safety answering points and emergency services agencies and attach any letters of support for the project to the application form:* |
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| ATTACHMENT NAME | Place an X for Applicable Entries |
| Letters of Support |  |
| Other Supporting Information |  |

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| 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. |
| Name (typed): |
| Title (typed): |
| Signature: |
| Date: |