



## PSAP FISCAL INFORMATION

**ONE FULL YEAR (ACTUAL - NOT PROJECTED)** (No later than July 31, 2022)

**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	
Grant Funds	
Donations / In Kind Contributions	
Cash on Hand	
Investment Income	
Other:	
<b>TOTAL</b>	

**EXPENSES**

CATEGORY	EXPENSES
Personnel – Salaries directly related to systems	
Personnel - Dispatchers	
Operating	
Capital	
Other	
<b>TOTAL</b>	

**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: ***IF NO***

\_\_\_\_\_

\_\_\_\_\_

Date County Passed Enhanced Grant Fee Resolution: \_\_\_\_\_

## Section B. Equipment Application

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**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. **Use of the emergency communications fee should, if possible, coincide with the strategic goals as identified by the Idaho Public Safety Communications Commission in its annual report to the legislature.**

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

# 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, or 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 D. Equipment Narrative Form

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PSAP NAME \_\_\_\_\_

### **PART 1 – JUSTIFICATION OF NEED**

Explain how receiving the requested item will improve public safety response and/or benefit your PSAP and its agencies and how this will be determined.

Provide a breakdown for anticipated use of cash on hand if grant is denied and a breakdown for anticipated use of cash on hand if the grant is approved.

*If Applicable:*

- If requesting equipment that will be replaced by currently owned equipment, explain what the replacement plan is to be.
- Optional: If a professional has determined the equipment is not repairable or should be replaced, attach that assessment.

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### **PART 2 – EXPLANATION FOR LACK OF AVAILABLE FUNDS**

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## Section G. Grant Application Checklist

**THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR COMPLETION OF THE APPLICATION:**

ATTACHMENT NAME	(Place a <i>X</i> for applicable entries)
Completed <i>Request for Taxpayer Identification Number and Certification (W-9)</i>	<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"/>
	<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
<b>2022 PSAP Call Volume: Requests for service and number of calls dispatched</b>
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, 2023**

Postmarked, Emailed or Hand Delivered to the Idaho Public Safety 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 PUBLIC SAFETY COMMUNICATIONS COMMISSION  
C/O IDAHO OFFICE OF EMERGENCY MANAGEMENT  
ATTN: R DAVID MOORE, IDAHO E911 GRANTS MANAGER  
4040 W. GUARD ST., BLDG. 600  
BOISE, ID 83705

or Email to: [dmoore@imd.idaho.gov](mailto:dmoore@imd.idaho.gov)

**OBTAIN A RECEIPT OF ACKNOWLEDGEMENT AND RETAIN RECEIPT.**

## Section H. Signature Page

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### 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