

**IDAHO PUBLIC SAFETY COMMUNICATIONS COMMISSION**  
**FY2026 DEDICATED ENHANCED EMERGENCY COMMUNICATIONS**  
**GRANT FEE FUND APPLICATION**  
**Due July 31, 2025**

**Section A. Public Safety Answering Point (“PSAP”) Information**

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PSAP Name: \_\_\_\_\_

Primary Grant Contact: \_\_\_\_\_

Contact Information: Phone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Responsible Agency Federal Tax Identification Number: \_\_\_\_\_

2024 PSAP Call Volume: 9-1-1 Requests for service: \_\_\_\_\_

Other calls for service: \_\_\_\_\_

Number of calls dispatched: \_\_\_\_\_

**PSAP FISCAL INFORMATION**

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***

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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.

**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 or service needs below. This request is for the Commission’s 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 |
|----------------------------------|---------|-------------------------|
|                                  |         |                         |
|                                  |         |                         |

| Service Fees Description | Purpose | Approximate Annual Cost |
|--------------------------|---------|-------------------------|
|                          |         |                         |
|                          |         |                         |

## Section D. Equipment Narrative Form

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

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

i.e. regularly scheduled refresh/replacement, equipment failure, equipment upgrade or necessary item.

*If Applicable:*

- If requesting equipment that will be replaced by currently owned equipment, explain what the replacement plan is to be.

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## Section E. Equipment Maintenance Fees 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 how this will be determined.

*If Applicable:*

- If the request is for equipment maintenance that is replacing equipment maintenance that is currently being used for a similar purpose, explain the difference between the two equipment maintenance plans.

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# Section F. Network Service Fees 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 how this will be determined.

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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</i> (W-9)         | <input type="checkbox"/>                  |
| Vendor budgetary pricing or quote for equipment being requested                             | <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"/>                  |



**Applications are due on or before July 31, 2025**

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: MORGAN PHILLIPS, IDAHO E911 GRANTS MANAGER  
4040 W. GUARD ST., BLDG. 600  
BOISE, ID 83705

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