

Idaho Public Safety Communications Commission FY2026 Dedicated Enhanced Emergency Communications Grant Fee Fund Application Instructions

GENERAL INFORMATION

WHO IS ELIGIBLE TO APPLY?

- Governmental or multi-governmental organizations that are authorized pursuant to Idaho Code § 31-4819(d), Idaho Code may apply for the FY2026 Dedicated Grant Program. Generally, this includes Idaho counties and cities that operate a consolidated emergency communications system and are collecting Emergency Communications Fees in the full amount of \$1.00 per access line per month pursuant to Idaho Code § 31-4804 and is also collecting the Enhanced Grant fee in the amount for \$0.25 per access line per month pursuant to Idaho Code § 31-4819(e).
- **Applicants must declare all grants in which they are requesting consideration (group and individual).**

WHAT MAY I APPLY FOR?

Applicants may apply funds that would be an acceptable use of the fees under Idaho Code § 31-4804(5) which includes 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. Funds may not be used for other normal and necessary safety or law enforcement functions including, but not limited to, overhead, staffing, dispatching, administrative and other day-to-day operational expenditures.

WHEN IS THE APPLICATION DUE?

Completed applications must be postmarked, hand delivered or e-mailed to the Idaho Public Safety Communications Commission no later than the end of the business day **July 31, 2025**. **The Commission may accept late applications with adequate justification and prior coordination.**

A “Receipt of Mailing”, proof of fax, proof of e-mail or Commission “Receipt of Acknowledgement” should be retained until the Idaho E911 Grants Manager has confirmed receipt of your application.

WHAT NEEDS TO BE TURNED IN?

A completed FY2026 Application and all applicable attachments as listed on the ***FY2026 Dedicated Enhanced Emergency Communications Grant Fee Fund Application and Instructions.***

WHAT INFORMATION IS REQUIRED ON THE APPLICATION?

- The required information is listed on “*FY2026 Dedicated Enhanced Emergency Communications Grant Fee Fund Application*”.
- These instructions provide detailed information regarding the items required in the application. Please complete all the information as accurately as possible. Each answer you provide will contribute information to a predetermined data point system that will assess your overall score. Inaccurate or incomplete information could result in a lower score or rejection of your application.

IS THERE AN APPROVED EQUIPMENT LIST?

No, there is not an “Approved Equipment” list for the grant funds. However, equipment purchases must be in alignment with NENA i3 standards, in the interests of consolidated systems, and capable of utilizing NG911 software.

WHAT IF I HAVE QUESTIONS?

Please read the entire application and the instructions before contacting the Idaho E911 Grants Manager to ensure your question is not already answered. Contact Eric Newman, 911 Program Manager, enewman@imd.idaho.gov.

Application Instructions

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

PSAP Name:

Enter the agency name that is responsible for your PSAP (i.e. ABC Sheriff’s Office).

Primary Grant Contact Name:

Enter the name of the primary grant contact person for your agency. Correspondence will be addressed to this person at the agency address.

Contact Information:

Phone No.: Enter the phone number for your agency’s primary grant contact person.

E-Mail: Enter the email address for your agency’s primary grant contact person.

Responsible Agency Federal Tax Identification Number:

Enter the Federal Tax Identification Number for your agency. Complete and return the enclosed *Request for Tax Identification and Certification*, W-9, form with your application.

2024 PSAP Call Volume:

Requests of service: Enter the number of calls your PSAP received for public safety services (law enforcement, fire and emergency medical services) in Idaho during the year **2024**. List separately the number of 911 calls and the number of other non 911 calls received by your dispatch center.

Number of calls dispatched: Enter the number of calls your PSAP responded to for public safety services (law enforcement, fire and emergency medical services) in Idaho during the year **2024**.

PSAP FISCAL INFORMATION – Past 12 months (Actual...not projected)

From: Month ____ Year ____ Through: Month ____ Year ____:

- The Grant Subcommittee may seek this information when prioritizing grant requests.
- Provide grant fee participation data.

Financial Verification Contact:

Enter the name of the person who maintains your financial information and can verify the information submitted on the application.

Financial Contact Information

Phone No.: Enter the phone number for this person.

Email: Enter an alternate means for reaching this person (cell phone, e-mail address, fax, etc.).

County collects Emergency Communications Fee as provided for in Idaho Code § 31-4804:

Indicate by checking “Yes” or “No” whether the County in which your PSAP is located, or for counties if PSAP is a multi-county, collects the Emergency Communication Fee in the amount of \$1.00 as provided for in Idaho Code § 31-4804.

Year County(s) Received Voter Approval:

Indicate the year that the County in which your PSAP is located, or for all counties if PSAP is a multi-county, received voter approval to collect the Emergency Communication Fee in the amount of \$1.00.

County(s) collects Enhanced Grant Fee as provided for in Idaho Code § 31-4819 and submits the fee to Commission on a timely basis:

Indicate by checking “Yes” or “No” whether the County in which your PSAP is located, or for all counties if PSAP is a multi-county, collects and submits the Enhanced Emergency Communication Grant Fee in the amount of \$0.25 as provided for in Idaho Code § 31-4819 on a timely basis.

Date County Passed Enhanced Grant Fee Resolution:

Indicate the date that the Board of County Commissioners adopted the resolution authorizing the collection of the Enhanced Grant Fee or if a multi-county PSAP, the date each County adopted the resolution.

Section B. EQUIPMENT APPLICATION

Complete only if you are applying for an equipment grant.

- Equipment must be authorized pursuant to Idaho Code § 31-4804(5), and grant funds may be used only for Consolidated Emergency Communications Systems. In this case only for telephone and related systems to reach Enhanced or NG911 status **and not for public safety radio systems or CAD/RMS.**

Equipment Requested:

Complete the table listing the equipment you are applying for:

- Equipment Descriptions: Enter the description of the equipment and whether it will be purchased or leased.
- Purpose: Enter the purpose of the equipment requested.
- Funds Requested: Enter the amount of funds requested for purchase/lease the equipment. This amount should be the vendor base price less any funds your PSAP plans to contribute.
- PSAP Financial Contribution: Enter the amount of funds that your PSAP will be contributing to the purchase/lease of the equipment requested.
- Amount of Anticipated Use: Enter an estimate of the amount of time your PSAP will use the equipment item being requested, i.e. 24/7/365.
- Vendor Base Price: Enter the base price of the equipment that the vendor has provided as budgetary pricing. This price must include:
 - Vendor name and address;
 - Date of the budgetary pricing quote;
 - Base price for equipment to be functional for the intended use and;
 - Description and price of all optional items to be included in the equipment package.
- Replace Existing Equipment Y/N & Type: Indicate by checking “Yes” or “No” whether the equipment requested will be replacing existing equipment and state what type of equipment will be replaced.
- Age in Years: Enter the age in years since the existing equipment was new.
- Condition: Enter the condition of the equipment to be replaced using one of these descriptions:
 - “*Good*” – The equipment is in good mechanical and functional condition and parts, maintenance and software support or upgrades are available by the manufacturer.
 - “*Fair*” – The equipment has some mechanical or functional defects and/or software needs upgrade but is functional for a limited purpose. Parts, service and/or software support from the manufacturer will not be available in the near future.
 - “*Poor*” – The equipment has severe mechanical and/or functional defects and is in poor operational condition. Parts, service and/or software support from the manufacturer are not available.

Equipment Description	Purpose	Funds Requested	PSAP Financial Contribution
Manufacturer Name, Model and number of positions	IP-enabled 9-1-1 systems capable of handling Enhanced Phase I & II and Next Generation networks.	\$ XXX,XXX	\$ XXX,XXX
Amount of Anticipated Use (i.e. 24/7/365)	Vendor Base Price	Replace Existing Equipment Y/N & Type	
ABC County is a fully-staffed 24/7/365 PSAP	\$ XXX, XXX	YES, Manufacturer Discontinued Motorola XXX	
Description of Similar Equipment Currently in Use	Purpose	Age in Years	Condition
XXX Telecommunication's equipment used to answer Basic 9-1-1 calls. Unable to handle enhanced capabilities of E 9-1-1, Phase I & II or Next Generation networks/calls.	Basic 9-1-1 call taking equipment. Unable to identify customer name, number and location of caller	10 years	Poor – unable to procure and replace defective components

Example:

Section C. Maintenance and Service Fees Application

Complete only if you are applying for a grant to cover maintenance or service fees in addition to equipment or if you are applying for maintenance and service on existing equipment.

- Service and maintenance must be authorized pursuant to Idaho Code § 31-4804(5), and grant funds may be used only for such service on Consolidated Emergency Communications Systems.

Annual Maintenance and Service Fees Requested:

- Anticipated Annual Equipment Maintenance Descriptions: Enter the description of the maintenance and service fees requested and the equipment it relates to.
- Purpose: Enter the purpose for such fees i.e. Basic 911 to Enhanced 9 or Phase I/II for Wireless 911.
- Funds Requested: Enter the amount of funds requested for maintenance and service fees. This amount should be the service provider pricing price less any funds your PSAP plans to contribute.
- PSAP Financial Contribution: Enter the amount of funds that your PSAP will be contributing to the maintenance and service fees requested.
- Name of Equipment Maintenance Provider: Enter service provider name and address.
- Service Provider Pricing: Enter the annual price of the maintenance and fees for equipment that the service provider has provided as budgetary pricing.
- Dates of Budgetary Pricing Quote: Enter date of the budgetary pricing quote and how long the quote is valid.
- Name of Current Equipment Maintenance Provider: Enter service provider name and address.
- Current Annual Maintenance Service Fees: Enter the amount of any annual maintenance service fees currently being paid.
- Description: Enter the description of the maintenance and service fees currently being paid and the equipment that is covered by the fees.

Annual Network Service Fees Requested:

- Anticipated Annual Ongoing Network Service Fees Descriptions: Enter the description of the network service fees requested and the equipment it relates to.
- Purpose: Enter the purpose for such fees i.e. Basic 9-1-1 to Enhanced 9-1-1 or Phase I/II for Wireless 9-1-1.
- Funds Requested: Enter the amount of funds requested for network service fees. This amount should be the service provider price less any funds your PSAP plans to contribute.
- PSAP Financial Contribution: Enter the amount of funds that your PSAP will be contributing to the network service fees requested.
- Name of Network Service Provider: Enter service provider name and address.
- Network Service Provider Pricing: Enter the annual price of the network service for operation of the equipment requested.
- Dates of Budgetary Pricing Quote: Enter the date of the budgetary pricing quote obtained by the network service provider and how long the quote is valid.
- Name of Current Network Service Provider(s): Enter name and address for each service provider.
- Current Annual Ongoing Network Service Fees: Enter the amount of any annual ongoing service fees currently being paid.
- Description: Enter the description of the annual ongoing network service fees currently being paid and the equipment that is covered by the fees.

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: _____

Enter the total amount of grant funds requested for equipment, maintenance and service fee in this application.

PSAP Equipment, Maintenance & Network Needs:

For Information Only:

- The Commission needs information of actual PSAP equipment, maintenance and network service needs throughout the State of Idaho. **Page 5 is to be completed for information purposes. It is not necessary to prioritize requests, obtain vendor price quotes, or submit a “Narrative Form” for equipment, maintenance or network services listed here.**

Equipment

- Equipment Description:
Enter the name and type of equipment needed.
- Purpose:
Enter the purpose of the requested equipment i.e. Basic 911 to Enhanced 911, Phase I/II for Wireless 911 or upgrades to NG911.
- Age of Oldest Similar Equipment:
Enter the age of the equipment that would be replaced by new equipment.
- Approximate Cost:
Enter an estimated cost based on your personal knowledge obtained through your budgetary quote process from certified and reputable equipment provider.

Equipment Maintenance

- Equipment Maintenance Description:
Enter the description of the maintenance and service fees needed and the equipment it relates to.
- Purpose:
Enter the purpose for such maintenance fees are needed i.e. Basic 911 to Enhanced 911 or Phase I/II for Wireless 911.
- Approximate Annual Cost:
Enter an estimated cost based on your personal knowledge obtained through your budgetary quote process from certified and reputable equipment provider.

Network Service Fees

- Network Service Fees Description: Enter the description of the network service fees needed and the equipment it relates to.
- Purpose: Enter the purpose for such fees i.e. Basic 911 to Enhanced 911 or Phase I/II for Wireless 911.
- Approximate Cost:
Enter an estimated cost based on your personal knowledge obtained through your budgetary quote process from certified and reputable network and equipment provider.

Section D. Equipment Narrative Form

PSAP Name:

List the common name of your PSAP.

Part 1 - Justification of Need

This part describes the need for the equipment requested. This should include reference to specific events that justify your request and the improvement to public safety response or service and/or benefit to your PSAP and the agencies it serves would expect to experience if an award is received.

If the request is for equipment replacing equipment that is currently being used for a similar purpose, explain what the replacement plan is. If the equipment being replaced is no longer repairable or supported by the manufacturer, attach that assessment.

Section E. Equipment Maintenance Fees Narrative Form

PSAP Name:

List the common name of your PSAP.

Part 1 - Justification of Need

This part describes the need for the equipment maintenance fees requested. If ongoing grant funding for these fees is requested, please explain why.

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.

Section F. Network Service Fees Narrative Form

PSAP Name:

List the common name of your PSAP.

Part 1 - Justification of Need

This part describes the need for the network service fees requested. This should include reference to specific events that justify your request and the improvement to public safety response or service and/or benefit to your PSAP and the agencies it serves would expect to experience if an award is received.

If the request is for network service fees for equipment that is currently being used for a similar purpose, explain the difference between the two network service fee plans.

The narrative is to be no longer than two pages in length. Use the supplied “*Narrative Form*” for the format and use additional pages if needed.

Narrative Helpful Hints:

This narrative is used by the Emergency Communications Grant Subcommittee to score your application. Although we strive to maintain objectivity, the narrative portion of the grant application tends to be subjectively scored.

Critical Narrative Components

- Your submission and your call volume may be considered by the committee in their scoring.
- If your PSAP is awarded the request, describe how it will improve the public safety response by the agencies served by your PSAP.

Section G. Grant Application Checklist

The Attachments Indicated on the Checklist on page 9 of the Grant Application are required for Complete Submission of the Application

The following are a few comments that may be helpful:

Completed *Request for Taxpayer Identification Number and Certification (W-9)*:

Complete the form and return with your agency application.

County, City and/or Taxing District Endorsement(s):

- Attach a letter of endorsement from each of the county(s), city(s) and taxing districts that are served by the PSAP.
- The letter of endorsement must be on official letterhead and signed by the county or city representative.

Application Due Date – July 31, 2025

Applications will be eligible for consideration only if postmarked, hand delivered or emailed to the Idaho Emergency Communications Commission no later than 5:00 p.m. MDT by July 31, 2025.

- Obtain a “Receipt of Mailing” or a “Receipt Acknowledgement” if hand delivered or emailed.
- Late or incomplete applications will be excluded from consideration for any award.

Section H. Signature Page

Date:

Enter the date the application is signed.

Authorized Signature:

If a County: The Board of County Commissioners, or the Chair who is authorized to sign on the Board’s behalf, should sign on the lines indicated with the signature(s) attested by the County Clerk.

If a City: The Mayor should sign on the line indicated with the signature attested by the City Clerk.