

# Idaho Public Safety Communications Commission FY2025 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 FY2025 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).
- **Only one application will be accepted from each eligible agency.**

### ***WHAT MAY I APPLY FOR?***

Applicants may apply funds that would be 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, 2024**. **By law, the Commission may not accept late or incomplete applications.**

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 FY2025 Application and all applicable attachments as listed on the *FY2025 Dedicated Enhanced Emergency Communications Grant Fee Fund Application and Instructions*. **By law, the Commission may not accept late or incomplete applications.**

## **WHAT IS AN ENDORSEMENT?**

The requesting entity has received the approval and endorsement of the county(s), city(s) and taxing districts within its service area, and the requesting entity has certified that the title to any equipment purchased with funds from the fund shall be in the name of the city or county which operates the PSAP. All endorsements must be on entity's official letterhead. It is important for a PSAP to include an endorsement from each agency that it serves as applications demonstrating a larger percentage of endorsements will receive a greater point value in the evaluation process.

### **Example of Endorsement – Print on appropriate letterhead and signed:**

*City of ABC*

The *City of ABC* endorses the FY2024 Dedicated Enhanced Emergency Communications Grant Fee Fund Application submitted by the *ABC Sheriff's Office* to provide an E911 telephone system and the equipment maintenance and network service to support the equipment requested. We acknowledge the need for these items and recommend your approval of the grant application. We also recognize that there will be ongoing service and network fees that may not be covered by grant fees and that we will cooperate with the agencies served by the *ABC PSAP* to find a funding solution to maintain and operate the equipment requested for the equipment's life cycle.

Signed:

John Smith, Mayor

**If you are unable to obtain an endorsement from your county, city, fire or ambulance district please submit supporting documentation explaining the reason.**

## **WHAT INFORMATION IS REQUIRED ON THE APPLICATION?**

- The required information is listed on “*FY2025 Dedicated Enhanced Emergency Communications Grant Fee Fund Application*”.
- These instructions provide detailed information regarding the items required on the application. Please complete all 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 at this time. However, if you have questions about what type of equipment will be considered for funding, please contact R David Moore, Idaho E911 Grants Manager, at (208)954-2578 or [dmoore@imd.idaho.gov](mailto:dmoore@imd.idaho.gov).

## **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 R David Moore, Idaho E911 Grants Manager, [dmoore@imd.idaho.gov](mailto:dmoore@imd.idaho.gov) via (208)954-2578.

# 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.

### Estimated Population in your Primary Response Area:

- Residents: Enter the estimated number of individuals who have resided in your primary response area in Idaho for thirty (30) days or more. **Please use the information provided the Idaho Department of Labor for Population/Census found at: <http://www.lmi.idaho.gov/>.**
- Daytime: Enter the estimated number of individuals in your primary response area in Idaho who do not reside in your area but work in your primary response area on a daily basis due to the distance involved. **Your local Labor Department or Chamber of Commerce office may be a source for this information.**
- Seasonal: Enter the estimated number of individuals who are residents elsewhere but reside in your primary response area in Idaho for a season or for thirty (30) to one hundred twenty (120) days a year.
- Tourist: Enter the estimated number of individuals whose final destination is in your primary response area in Idaho. This is not the number of individuals traveling through your area, such as highway traffic. This number should be expressed as visitor days, which is the number of tourists per day who travel to or stay at a destination within your primary response area in Idaho. The total number of tourists should be recorded as an annual estimated number. **Your local Chamber of Commerce office may be a source for this information.**

**2023 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 **2023**. 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 **2023**.

**Square Mileage of Area Served by PSAP:** Enter the square mileage for the primary number of calls your PSAP received for public safety services.

**List of Law Enforcement, Fire and EMS Agencies Serviced by PSAP:** List the names of all law enforcement, fire and emergency medical service agencies that your PSAP provides 911 call taking and dispatch for. Please also indicate the level of support provided for these agencies. If you provide coverage 24 hours a day, 7 days a week, 365 days a year, please list as “Primary.” If you provide only back-up support for an agency, please list those as “Backup.”

**List of Non-Public Safety Agencies Serviced by PSAP:** List the names of all agencies that your PSAP provides call taking and dispatch for those that are not law enforcement, fire or emergency medical service agencies. This may include road departments, animal shelters, utility/sewer departments, etc. Please also indicate the level of support provided for these agencies. If you provide coverage 24 hours a day, 7 days a week, 365 days a year, please list as “Primary”. If you provide only back-up support for an agency, please list those as “Backup.”

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

**From: Month \_\_\_\_ Year \_\_\_\_ Through: Month \_\_\_\_ Year \_\_\_\_:**

- Information in this section should cover the PSAP’s official financial data that includes both income and expenditures. If government entities (i.e., cities, counties) or taxing districts (i.e., ambulance, fire, hospital) maintain the official financial record for agencies, please use information from that source.
- Use the most recently **completed** full twelve (12) month period, annual or fiscal, of financial information available for your agency. **Do not use projected information.**
- Enter the beginning month and year and the ending month and year used for that twelve (12) month period. (Examples: Month: Jan. Year: 2023 Through: Dec. Year: 2023 **OR** October 2022 through September 2023)
- Use the same reporting period for both the ‘Income’ and ‘Expense’ tables. **Information must be for a full twelve (12) month period and shall include all funds contributed to or expended on behalf of the agency even if the agency did not actually have possession of the funds.**

**Income:**

Enter the appropriate amount in each revenue category. Enter “0” if no funds are received from a specific category:

- Emergency Communications Fees (911 Fees): Please indicate the amount of 911 fees collected pursuant to Idaho Code § 31-4804 by all entities served by your PSAP.
- County/City(s) General Fund: If your PSAP received any funds from the general funds from any city, county or other governmental taxing entity, enter that amount.
- Fees Charged to Public Safety Agencies for Service: If your agency received funds from fees it charged a public safety agency such as law enforcement, fire or EMS, enter that amount.
- Fees Charged to Non-Public Safety Agencies for Service: If your agency received funds from fees it charged a non-public safety agency such as road department, animal shelter, utility/sewer department, enter that amount.
- Grant Funds: Enter grant funds received. This should include any grant funds your PSAP received from any sources, such as Idaho Office of Emergency Management, Department of Justice/COPS, etc.
- Donations / In Kind Contributions: Enter the amount received from donations and contributions. If these funds are for a specific purpose, enter an explanation in the box under ‘Expenses’.
- Cash on Hand: Enter the amount available at the end of the year being reported. If these funds are for a specific purpose, enter the explanation in the box under “Expenses.” In either the “Justification of Need” or “Explanation For Lack of Available Funds” for Sections D, E and F provide a breakdown for anticipated use of cash on hand listed if grant is denied and a breakdown for anticipated use of cash on hand if the grant is approved.
- Investment Income: Enter the income received from any investments, such as interest, rent, or dividends.
- Other: Enter and identify any other income amount not previously declared.
- Total: Enter the total income for your PSAP from the above column.

**Expenses:**

- Personnel – Salaries directly related to systems: Enter the total amount of your PSAP personnel related expenses for those employees that are directly related to the emergency communications systems as provided for in Idaho Code § 31-4804(5).
- Personnel – Dispatchers: Enter the total amount of your PSAP personnel related expenses for those employees that are dispatchers for your PSAP.
- Operating: Enter the total amount of operating expenses for your PSAP.
- Capital: Enter the total amount of expenses for capital equipment or improvements for your PSAP.
- Other: Enter and identify any other expense from categories not listed above.
- Total: Enter the total expenses for your PSAP from the above column. (This amount will usually not match the Income total.)

**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, pager, e-mail address, fax, etc.).

## **County or City Name Where Equipment Will Be Installed (required):**

This governmental entity must have endorsed your application and have a notation that they are aware of the equipment being requested.

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

Indicate by checking “Yes” or “No” whether or not 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 fee to Commission on timely basis:**

Indicate by checking “Yes” or “No” whether or not 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.

## **Explanation:**

If the County(s) do not collect or do not submit the Enhanced Grant Fee to the Emergency Communications Commission please provide an explanation as to why the County(s) does not. **Please note that in order for your PSAP to be eligible to receive grant funds from the Enhanced Emergency Communications Grant Fee Fund all counties that your PSAP serves must pass a resolution authorizing the collection of the Fee.**

## **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, Phase II, or NG911 Wireless 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 or not 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 is 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. In this case only for telephone and related systems and **not for public safety radio systems or CAD/RMS.**

### 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 maintenances and fees for equipment that the service provider has provided as budgetary pricing.
- Dates of Budgetary Pricing Quote: Enter the date of the budgetary pricing quote obtained by the service provider 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. Indicate how this outcome would be determined/measured.

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.

### Part 2 - Explanation for Lack of Available Funds

- Provide an explanation for the lack of available funds from existing Emergency Communications Fees being collected and from other sources.
- Describe other funding sources that have been explored or used to generate funds to purchase the equipment.
- 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.

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.

## 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. 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. Indicate how this outcome would be determined/measured. Please also explain how agency will pay for ongoing or recurring fees after grant funding ends. 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.

### Part 2 - Explanation for Lack of Available Funds

- Provide an explanation for the lack of available funds from existing Emergency Communications Fees being collected and from other sources.

- Describe other funding sources that have been explored or used to generate funds for maintenance of the equipment.
- 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.

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.

## **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. Indicate how this outcome would be determined/measured. Please also explain how agency will pay for ongoing or recurring fees after grant funding ends. If ongoing grant funding for these fees is requested, please explain why.

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.

### **Part 2 - Explanation for Lack of Available Funds**

- Provide an explanation for the lack of available funds from existing Emergency Communications Fees being collected and from other sources.
- Describe other funding sources that have been explored or used to generate funds for network services fees.
- 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.

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. Your attention to detail, grammar, punctuation, justification, and ability to articulate in written narrative format all influence your score.**

**A maximum of five (5) points will be added to the other scoring criteria so it is important to fully and properly justify your request to this committee. The “*Narrative Form*” lists several suggestions for justifying your request.**

### **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 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 is served by the PSAP.
- The letter of endorsement must be on official letterhead and signed by the county or city representative.
- It is important for a PSAP to include an endorsement from each agency that it serves as applications demonstrating a larger percentage of public safety agency endorsements will receive a greater point value in the evaluation process.
- If you are unable to obtain an endorsement, refer to page 4 of this document.
- Letter(s) of endorsement should acknowledge the need of equipment and maintenance and service fees(s) requested and indicate their support of the request.
- Letter(s) of endorsement should acknowledge that grant funding may not be available in the future for maintenance and/or network service fees and that the entity will cooperate to find a funding solution.

### ***Application Due Date – July 31, 2024***

***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, 2024.***

- 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.