

**Complete this form and submit to Joni Harvey, State 911 Administrator, c/o  
Lyndsay Stephens at [StephensL5@michigan.gov](mailto:StephensL5@michigan.gov)**

**1. APPLICANT INFORMATION**

POINT OF CONTACT NAME	
MAILING ADDRESS	
EMAIL ADDRESS	TELEPHONE NUMBER
DATE	

**2. GRANT AMOUNT REQUESTED:**

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**3. PSAP INFORMATION**

PSAP NAME	FEDERAL ID NUMBER
POPULATION SERVED	GEOGRAPHIC SIZE
COUNTY 911 PLAN PSAP IS NAMED IN	
IS YOUR CURRENT CPE END OF LIFE? IF YES, PLEASE INDICATE END OF LIFE DATE.	<input type="checkbox"/> YES, END OF LIFE DATE _____ <input type="checkbox"/> NO
HAS YOUR COUNTY OR WAYNE COUNTY SERVICE DISTRICT SIGNED AN AGREEMENT FOR IP-BASED 911 SERVICES? IF YES, PLEASE PROVIDE THE NAME OF THE PROVIDER.  _____	<input type="checkbox"/> YES (ATTACH COPY OF AGREEMENT) <input type="checkbox"/> NO
HAS THE COUNTY STARTED CONVERSION WITH A NG911 PROVIDER?	<input type="checkbox"/> YES, DATE COMPLETED _____ <input type="checkbox"/> PENDING, DATE TO BEGIN _____ <input type="checkbox"/> NO SCHEDULED DATE AT THIS TIME
DOES YOUR PSAP CURRENTLY MAINTAIN ITS CPE? IF YES WHAT IS THE FREQUENCY? (I.E. MONTHLY, ANNUALLY, AS NEEDED, ETC.) WHO MAINTAINS THE CPE?	<input type="checkbox"/> YES, FREQUENCY AND NAME OF PROVIDER _____ <input type="checkbox"/> NO
HAS THE COUNTY UPDATED ITS 911 PLAN TO REFLECT AN IP-911 SERVICE PROVIDER?	<input type="checkbox"/> YES (ATTACH COPY OF RESOLUTION/PLAN) <input type="checkbox"/> NO

**On a SEPARATE sheet for each question, please provide a concise, but brief narrative (attach any necessary documents with the narratives) for questions 4 through 7 below.**

4. DESCRIBE YOUR CURRENT BUDGETARY STATUS IN RELATION TO CPE PURCHASE. PLEASE INCLUDE ALL RELEVANT FINANCIAL INFORMATION, INCLUDING BUDGET DOCUMENTATION, REVENUES AND EXPENSES.
5. DESCRIBE YOUR PROPOSED PROJECT, INCLUDING YOUR MAINTENANCE PLAN. PROVIDE THE DETAILED PROJECT BUDGET, AND PROJECT TIMELINES FROM START TO COMPLETION. PLEASE NOTE, THE PSAP WILL BE RESPONSIBLE FOR THE PROJECT NOT COVERED IN BY THE GRANT. AT A MINIMUM THE PSAP WILL BE RESPONSIBLE FOR A 10% MATCH.
6. IF YOUR JURISDICTION REQUIRES THAT YOU OBTAIN AUTHORITY/APPROVAL TO APPLY AND ACCEPT A GRANT AWARD, PLEASE INCLUDE THAT APPROVAL DOCUMENT (OR CONFIRMATION THAT APPROVAL IS IN PROCESS)
7. DESCRIBE THE PROCUREMENT USED (OR THAT WILL BE USED) TO PURCHASE THE CPE. PLEASE INCLUDE THE SUPPORTING DOCUMENTATION (IN THE FORM OF THE DETAILED/ITEMIZED PROPOSAL(S) FROM VENDOR(S)). ALL ITEMS MUST BE BROKEN DOWN IN THE QUOTE. NO TRAINING OR DISCOUNTS SHALL BE INCLUDED IN THE QUOTE PROVIDED.

**8. PROVIDE A SUMMARY BUDGET USING THE TABLE BELOW:**

<b>PURCHASE REQUEST</b>	<b>SUBGRANT AMOUNT</b>	<b>MATCH AMOUNT</b>	<b>TOTAL COST</b>
<b>EQUIPMENT COSTS</b>			
<b>SOFTWARE COSTS</b>			
<b>OTHER</b>			
<b>TOTAL COSTS</b>			

**9. REQUIRED DOCUMENTS CHECKLIST:**

- VENDOR PROVIDED DOCUMENTATION INCLUDING CPE PURCHASE, INSTALLATION, MAINTENANCE, AND END OF LIFE EXPECTANCY
- PROJECT OUTLINE
- BID PROCESS
- VENDOR PROPOSAL/BID
- BUDGET DOCUMENTATION
- DOCUMENTATION ALLOWING ACCEPTANCE OF GRANT
- COUNTY 911 PLAN/RESOLUTION REFLECTING IP-911 SERVICE PROVIDER
- AGREEMENT FOR IP-911 SERVICES WITH QUALIFIED IP-911 SERVICE PROVIDER

This application must be received at the State 911 Office no later than 4:00 PM on Thursday, May 31, 2020. Applications must be printed or typed. Illegible applications will not be accepted. You may submit your application via email, fax or U.S. Mail.

**MAIL: State 911 Office**  
**Attention: Ms. Lyndsay Stephens**  
**P.O. Box 30634**  
**Lansing, MI 48909-0634**

**EMAIL: [stephensl5@michigan.gov](mailto:stephensl5@michigan.gov)**  
**PHONE: 517-284-3030**  
**FAX: 517-284-3034 (please include a cover page)**

I UNDERSTAND THAT THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. THIS APPLICATION DOES NOT GUARANTEE THE AWARD OF ANY OR ALL OF A SPECIFIED AMOUNT, THE AMOUNT GRANTED WILL BE DETERMINED BY THE NG911 TECHNICAL ADVISORY COMMITTEE (TAC).

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_