

2021 GRANT APPLICATION PREVIEW

This document is for **PREVIEW** purposes only! Grant applications will **ONLY** be accepted when submitted through [EMGrants](https://ok.emgrants.com/), the online grant application system at <https://ok.emgrants.com/>.

Grant application questions are subject to change or may be slightly different from the questions in this preview.



PART I – SUMMARY/INTRODUCTION

- GRANT: 2021 State Grant Program
- PROJECT TYPE: Choose one of the following project types:
 - Consolidation** – Consolidation or virtual consolidation of call centers;
 - NG9-1-1 Deployment** – Development or deployment of NG9-1-1 technology to meet the State NG9-1-1 deployment plan including interoperability needs between NG9-1-1 cores.
 - GIS** – Creation, maintenance or improvement of GIS maps to meet or exceed the Oklahoma NG9-1-1 GIS and Addressing Standard as outlined in State Contract (SW1177), including hardware and software to use the map in call taking;
 - Training** – Call Taker training and certification.
- PROJECT TITLE:
 - * Example: “PSAP Name – Project Name”
- PRIMARY CONTACT:
 - * Person submitting the grant application.
- AUTHORIZED CONTACT:
 - * Person authorized to sign legal documents on behalf of the Applicant organization such as Mayor, County Commissioner Chair, City Manager, Tribal Chair, etc.
- FEDERAL TAX ID (FTID) OR EMPLOYER IDENTIFICATION NUMBER (EIN):
 - * A FTID, also known as an EIN, is a nine-digit number the IRS uses to identify an entity. The County/City Clerk, Tribal Chair, Sheriff, Finance Director or Payroll Supervisor may have this number.
- STATE VENDOR NUMBER:
 - * A Vendor Number must be set up with OMES Vendor Management before any payments can be processed. To apply for a Vendor Number go to <https://omes.ok.gov/services/purchasing/vendor-registration> and fill out a Vendor/Payee Form.
- PROJECT CATEGORY:
 - * Choose one category that further describes the project from pull down menu options in EMGrants.
 - *
- BRIEF PROJECT DESCRIPTION:
 - * Provide a brief description the proposed project (500 characters max)

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- PROJECT START DATE – PROJECT END DATE
- LIST OF PSAPs AFFECTED: (If you are applying for a county that has three PSAPs, list all that will be affected).

PART II – PROJECT DESCRIPTION

- NEEDS STATEMENT:
 - * The Needs Statement gives facts/evidence to support the need for the project. (4,000 characters max)
- PURPOSE:
 - * Describe the goals for the PSAP, agency or municipality and how this grant will improve 9-1-1 service to the citizens within your area. (4,000 characters max)
- DETAILED PROJECT DESCRIPTION/JUSTIFICATION:
 - * Describe the project including objectives and required steps that will occur in order to meet the above listed goals. Include all the information reviewers would need to make a determination on this project. (4,000 characters max)
- EXPLAIN HOW THIS PROJECT WILL BE SUSTAINED: (4,000 characters max)

PART III – COST TABLE

- Please provide a detailed project budget including cost:
 - * Type, Description, Quantity, and Price.
 - * Use whole numbers only by rounding to the nearest dollar value. (See screenshot below)

Cost Line Items						
Type	Description	Qty	Price	Total		
9-1-1 Dispatch Training	NENA Telecommunicator Training Course	1	\$ 10,000.00	\$10,000.00		
9-1-1 Dispatch Training	NENA Enhanced Caller Management Training Course	1	\$ 4,000.00	\$4,000.00		
Application Total				\$14,000.00		
Total Request Amount				\$14,000.00		

Add Line

- EXPLAIN HOW GRANT FUNDS WILL BE MATCHED: (4,000 characters max)
- PLEASE UPLOAD THE FOLLOWING DOCUMENTS TO EMGRANTS:

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- * Upload to EMGrants supporting documentation, including PSAP budget, Resolution and vendor quote(s) for costs listed

PART IV – TIMELINE

- Input the Total Number of weeks to complete the entire project:
- List the major milestones including Task Description and number of Days in this project.

Form » Timeline

Project Timeline

Total # of days for entire project

List the major milestones in this project.
Example 1: Request for Proposal Process

Task Description	Days	
<input style="width: 90%; border: none;" type="text" value="Assess dispatcher training needs in the region"/>	<input style="width: 40px; text-align: center;" type="text" value="60"/>	✘
<input style="width: 90%; border: none;" type="text" value="Coordinate with regional PSAP's"/>	<input style="width: 40px; text-align: center;" type="text" value="60"/>	✘
<input style="width: 90%; border: none;" type="text" value="Draft training plan/organize resources/set training dates/regions"/>	<input style="width: 40px; text-align: center;" type="text" value="90"/>	✘
<input style="width: 90%; border: none;" type="text" value="Market workshops including training venues and speakers"/>	<input style="width: 40px; text-align: center;" type="text" value="60"/>	✘
<input style="width: 90%; border: none;" type="text" value="Prepare training materials/evaluation"/>	<input style="width: 40px; text-align: center;" type="text" value="30"/>	✘
<input style="width: 90%; border: none;" type="text" value="Hold workshops"/>	<input style="width: 40px; text-align: center;" type="text" value="60"/>	✘
<input style="width: 90%; border: none;" type="text" value="Request all reimbursements & Close out in EMGrants"/>	<input style="width: 40px; text-align: center;" type="text" value="60"/>	✘
Total Days	420	

PART V – COMPLIANCE CERTIFICATION

- Authorized Contact must check all that apply
- As a recipient of the funds from the Oklahoma 9-1-1 Management Authority:
 - I certify that [Jurisdiction Name] has not diverted and will not divert any portion of designated 9-1-1 Wireless or Wireline fees for any purpose other than the purposes for which such fees are designated from July 1, 2018, and continuing through the time period during which grant funds are available. (O.S. § 63-2812 et seq; 63-2861 et seq)
 - I further certify that [Jurisdiction Name] will comply with all the required Federal and State statutory and programmatic grant conditions.

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- I further certify that if [Jurisdiction Name] diverts any grant funds awarded through the State 9-1-1 Management Authority, [Jurisdiction Name] will become ineligible for grant payments for the term of the grant and [Jurisdiction Name] must repay all grant funds awarded.
- I understand that prohibited diversion of 9-1-1 fees includes elimination of fees as well as re-designation of fees for purposes other than implementation or operation of 9-1-1 services, E-9-1-1 services, or NG9-1-1 services during the term of the grant. [47 CFR Part 400]
- I hereby declare that I am the Authorized Contact for [Jurisdiction Name].

This application **PREVIEW** is intended to assist you in gathering the information needed before logging in to EMGrants.

Please submit your grant request online at <https://ok.emgrants.com/>



To learn more about grants offered through the Oklahoma 9-1-1 Management Authority visit our [website](#).

For questions regarding 9-1-1 Management Authority grants please contact:

Karen Douglas
Grants and Compliance Officer
at 405-521-3110 or karen.douglas@oem.ok.gov