|  |
| --- |
| Maryland 9-1-1 Board |
| Maryland 9-1-1 board logoREQUEST FOR PROJECT FUNDINGFROM MARYLAND’S 9-1-1 TRUST FUNDRevised 04-1-2020 |
|  |
| **Funding requests can only be made through the PSAP Director or 9-1-1 Administrator of the affected county or Baltimore City. Funding requests should be received no later than two weeks before the Board Meeting at which the request will be presented.**  | Items The Trust Fund Does Not Fund* Funding that does not directly relate to answering and processing 9-1-1 calls
* Personnel salary or overtime costs
* Computer Aided Dispatch (CAD) Systems (Only interfaces)
* Public-Safety Radio Communications Systems
* Other equipment associated with police, fire, or EMS personnel “responding” to requests for emergency service
 |
| Total Funding Request:       |
| **Date:**  |
| **County:**  |
|  |  |
| DESCRIBE PROJECT FUNDING REQUEST |
| 1. **Describe the Nature of the Improvement/Enhancement/Replacement Being Requested:**
 |
|  |
| Attach Additional Pages as Necessary |

|  |
| --- |
| **PROJECT INFORMATION - CONTINUED** |
| 1. **Was this request for funding included in your agency’s “3-Year Funding Plan” requested by the Board? Yes** **[ ]  No** **[ ]**

**If no, describe why this request is not part of your “3-Year Funding Plan”.** |
| 1. **Did you meet all requirements of your County’s procurement regulations? Yes** **[ ]  No** **[ ]**

**Describe your procurement process:** **Describe the process that was utilized in selecting a vendor to provide and/or support this project. Select one of the following choices.****[ ]  Sole source (new)****[ ]  Sole source (existing)****[ ]  Competitive bid process (new)****[ ]  Competitive bid process (existing)** Click or tap here to enter text.**[ ]  Other** Click or tap here to enter text. |
| 1. **If this project involves using, updating, enhancing or in any way integrating with the overall 9-1-1 ecosystem, does this project meet or contribute to meeting the Cybersecurity Standards set forth by the Board.**

**Yes [ ]  No [ ]** Note: Be prepared to discuss your answer when presenting this project to the Board. |
| 1. **Is this part of a larger program of improvement for the PSAP? (Describe)**
 |
| 1. When do you anticipate the start and completion of your project or purchase (provide a project “time-line” from start to completion)?
2. Are you requesting this project be heard in closed session? Yes [ ]  No [ ]

Reason: Public Security [ ]  Procurement [ ] Explain: |
| **\*\*\* IMPORTANT \*\*\*****Please attach supporting documents (including pricing) of the items (be as detailed as possible) that are part of your project-funding request.** |
| AUTHORIZATION TO REQUEST 9-1-1 FUNDING |
| Agency point of contact: Name: Phone:  |
| Agency Name:  |
| Mailing Address: |
| City: | Zip Code: |
| Applicant certifies that, to the best of their knowledge and belief, the data in this application is true and accurate, the document has been duly authorized by the applying agency, and the applicant and agency will comply with the guidelines established if the application is approved. PSAP Director/911 Administrator:  Title or Position:  Signature:  Date Signed:  |

MAIL TO:

Maryland 9-1-1 Board

6776 Reisterstown Road – Suite 207

Baltimore, MD 21215

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

MARYLAND 9-1-1 BOARD USE ONLY

Action taken: Reviewed by Executive Director

 Approved

 Returned for amendment

 Disapproved

Action date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_