

**FY2008 IDAHO DEPARTMENT OF HEALTH & WELFARE, EMS BUREAU, AND
DEPARTMENT OF HEALTH & HUMAN SERVICES ASSISTANT SECRETARY
FOR PREPAREDNESS & RESPONSE
INTEROPERABILITY GRANT APPLICATION**

Due May 30, 2008

I. AGENCY INFORMATION

Agency Name: _____ EMS License #: _____

Your agency must have an approved County/Tribal Interoperability Emergency Communication plan in place with the State Interoperability Executive Council (SIEC) by May 30, 2008 (5/30/08)

of P-25 compliant vehicle-mounted radios needed to achieve 100% compliance for your agency _____

of P-25 compliant portable/handheld radios needed to achieve 100% compliance for your agency _____

Is your primary dispatch 700 MHz compliant? ___ Yes ___ No

2007 Call Volume: Requests for EMS service: _____ # Square miles in primary response area: _____

Estimated Resident Population in your primary response area: _____

Personnel: True Volunteer: _____ Compensated Volunteer: _____ Career: _____

Primary Grant Contact: _____

Grant Contact Information: Work Phone #: _____ Home Phone #: _____ Cell Phone #: _____

E Mail: _____ Agency Federal Tax Identification Number: _____

II. FISCAL INFORMATION (NOT PROJECTED)

From: Month _____ Year _____ Through: Month _____ Year _____ (No later than April 30, 2008)

INCOME

| FUNDING SOURCE | REVENUE |
|------------------------------|---------|
| Ambulance Taxing District | |
| Fire Taxing District | |
| Hospital Taxing District | |
| General Fund | |
| State Motor Vehicle Funds | |
| Grant Funds | |
| Patient Billing | |
| Donations / In Kind Contrib. | |
| Cash on Hand | |
| Investment Income | |
| Other | |
| TOTAL | |

EXPENSES

| CATEGORY | EXPENSES |
|--------------|----------|
| Personnel | |
| Operating | |
| Capital | |
| Other | |
| TOTAL | |

Explanation(s): _____

Financial Verification Contact: _____

Financial Contact Information: Phone #: _____ Other/E-Mail: _____

III. COMMUNICATION EQUIPMENT APPLICATION

Agency must present copy of vendor *Purchase Order* to the EMS Bureau no later than August 1, 2008

Equipment request: List each type of item separately Indicate priority of request (1 – 4)

- ◆ Vehicle-mounted Radios – Maximum \$2,500 each

| Priority | Request Description | Purpose | Quantity | \$ Request |
|----------|-----------------------|-----------------------------|----------|------------|
| | Vehicle-mounted Radio | Communications from Vehicle | | |

- List total number of vehicles in fleet
- List vehicle-mounted radio status as P-25 compliant or not

| Total Current # EMS Fleet Vehicles | Location of Radios | # of Radios | P-25 Compliant | | Purpose | Condition of Radios (see Instructions) | Age of Radios – (Years) |
|------------------------------------|--------------------|-------------|----------------|----|-----------------------------|--|-------------------------|
| | | | Yes | No | | | |
| | Ambulance | | | | Communications from Vehicle | | |
| | Ambulance | | | | Communications from Vehicle | | |
| | Medical Rescue | | | | Communications from Vehicle | | |
| | Medical Rescue | | | | Communications from Vehicle | | |
| | Rescue Extrication | | | | Communications from Vehicle | | |
| | Rescue Extrication | | | | Communications from Vehicle | | |

Attach additional sheet if necessary

- ◆ Portable/Handheld Radio Kits – Maximum \$1,575 each
 - Request may include: Radio ~ Antenna ~ Battery ~ Charger ~ Belt Clip

| Priority | Description | Purpose | Quantity | \$ Request |
|----------|------------------------------|----------------|----------|------------|
| | Portable Handheld Radio Kits | Communications | | |

| Inventory of Currently Used Equipment | Current Quantity | Description | P-25 Compliant | | Purpose | Condition (see Instructions) | Age - Years |
|---------------------------------------|------------------|-------------|----------------|---|---------|------------------------------|-------------|
| | | | Y | N | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Attach additional sheet if necessary

- ◆ Base Stations
- ◆ Upgrades for Hardware ~ Software Upgrades ~ FCC License ~ Antenna ~ Repeaters

| Priority | Description | To Be Located | Quantity | \$ Request |
|----------|--------------------------|---------------|----------|------------|
| | Base Station | | | |
| | Upgrades & Miscellaneous | | | |

| Inventory of Currently Used Similar Equipment | Current Quantity | Description | P-25 Compliant | | Location | Condition (see Instructions) | Age - Years |
|---|------------------|-------------|----------------|---|----------|------------------------------|-------------|
| | | | Y | N | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

- Vendor price quote(s) required for Base Station(s) and Upgrades

TOTAL AMOUNT OF EQUIPMENT REQUESTED \$ _____

IV. SIGNATURE

I hereby certify that the information contained in this application is true and correct.

Signature of person authorized to sign for agency: _____

Printed name and title: _____

Date: _____

THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR COMPLETION OF THE APPLICATION:

| Attachment Name (Place \checkmark for completed attachments) | |
|--|--------------------------|
| <i>Request for Taxpayer Identification Number and Certification (W-9)</i> | <input type="checkbox"/> |
| <i>NIMS Compliance Form (agency must be compliant by 8/8/2008)</i> | <input type="checkbox"/> |
| Vendor price quote(s) required for Base Station(s) and Base Station Upgrades | <input type="checkbox"/> |

THE FOLLOWING INFORMATION IS REQUIRED FOR GRANT ELIGIBILITY:

| | |
|---|--------------------------|
| Approved County/Tribal Interoperability Emergency Communication Plan with the State Interoperability Executive Council (SIEC) by 5/30/2008 (<i>copy of plan is not required with grant application</i>) | <input type="checkbox"/> |
| Number of P-25 compliant mobile/vehicle radios needed for 100% compliance | <input type="checkbox"/> |
| Number of P-25 compliant portable/handheld radios needed for 100% compliance | <input type="checkbox"/> |
| Is primary dispatch center compliant with 700 MHz? | <input type="checkbox"/> |
| Call Volume for 2007 | <input type="checkbox"/> |
| Estimated resident population in primary response area in Idaho | <input type="checkbox"/> |
| Number of personnel, divided between volunteer and career | <input type="checkbox"/> |
| Financial information (most recently completed 12-month period) | <input type="checkbox"/> |
| Funding sources and revenue generated by source | <input type="checkbox"/> |
| Contact person for fiscal information | <input type="checkbox"/> |
| Prioritization of need for each equipment category | <input type="checkbox"/> |
| Type, quantity, and purpose of similar equipment presently in use by applicant | <input type="checkbox"/> |
| Age and condition of communication equipment not P-25 compliant and being replaced | <input type="checkbox"/> |

APPLICATIONS DUE ON OR BEFORE MAY 30, 2008 TO EMS BUREAU

LATE APPLICATIONS SHALL BE EXCLUDED FROM CONSIDERATION FOR ANY AWARD

IF MAILING, MUST BE POSTMARKED NO LATER THAN 5/30/08,

SEND TO:

EMS BUREAU CENTRAL OFFICE, P O BOX 83720, BOISE ID 83720-0036

OBTAIN A RECEIPT OF MAILING

OR: HAND DELIVER NO LATER THAN 5 PM TO:

EMS BUREAU CENTRAL OFFICE, 590 W WASHINGTON ST, BOISE, IDAHO 83702

OBTAIN A RECEIPT ACKNOWLEDGEMENT

Retain receipt until EMS Bureau has confirmed receipt of application