

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

APPLICATION INSTRUCTIONS

Due May 30, 2008

We strongly recommend your application be reviewed with your County Emergency Manager and that you collaborate with other EMS agencies within your county to determine actual status and needs.

I. AGENCY INFORMATION

County/Tribal Interoperability Emergency Communication Plan approved by the State Interoperability Executive Council (SIEC): This plan must be in place no later than May 30, 2008 for grant eligibility.

Number Of P-25 Compliant Vehicle-Mounted Radios Needed To Achieve 100% Compliance For Your Agency:

Review all EMS vehicles in your fleet, ambulances, medical rescue, rescue/extrication, etc. to determine if the radios mounted in the currently used vehicles are P-25 compliant. List the number of radios needed to be 100% P-25 compliant [*include non-existent and non-P-25 radio(s) needed to be compliant*]. Non-compliant radios are to be replaced if agency receives an award for P-25 compliant radios.

Number Of P-25 Compliant Portable/Handheld Radios Needed To Achieve 100% Compliance For Your Agency:

Review the currently used portable/handheld radios in your agency. List the number needed to be 100% P-25 compliant [*include non-existent and non-P-25 radio(s) needed to be compliant*]. Non-compliant radios are to be replaced if agency receives an award for P-25 compliant radios.

Is your Primary Dispatch 700 MHz compliant?

If you do not know, contact your dispatch center. This requires a “Yes” or “No” answer.

Annual Call Volume:

Enter the number of requests for EMS services in Idaho received by your agency during the year 2007.

Number Of Square Miles In Your Primary Response Area:

This number indicates the square miles in your agency’s primary response area.

Population:

Residents: Enter the estimated number of individuals who have resided in your primary response area in Idaho for thirty (30) days or more. **Your local Chamber of Commerce and/or your county website may be a source for this information.**

Primary Grant Contact:

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:

- Enter the work phone number for your agency’s primary grant contact person.
- Enter the home phone and cell phone numbers of the primary grant contact person.
- Enter the e-mail address of the primary grant contact person.

Agency Tax Identification Number:

- Enter the Federal Tax Identification Number for your agency. This number should be the same as the number listed on your *Agency Licensure Application*.
- Complete and return with your application the enclosed *Request for Tax Identification and Certification*, W-9, form.

II. FINANCIAL INFORMATION

From: Month – Year -- Through: Month – Year:

- Information in this section should cover the agency’s official financial data which 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. (Agencies maintaining small accounts separate from the official fiscal record should not report information from those accounts.)
- Use the most recently completed 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. (i.e., *Month: Jan. Year: 2007 Through: Dec. Year: 2007*) *The ending date cannot be later than April 30, 2008.*
- 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.
- Funds entered as “Donations” or “On Hand” during the current reporting period which are designated for specific purposes should include a notation of explanation on the lines at the side of the form.

Income:

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

- Ambulance Taxing District: If your agency received funding from any ambulance-taxing district, enter that amount.
- Fire Taxing District: If your agency received funding from any fire-taxing district, enter that amount.
- Hospital Taxing District: If your agency received funding from any hospital-taxing district, enter that amount.
- General Fund: Enter the amount received from your city or county general fund.
- State Motor Vehicle Funds: Enter the amount received from the Idaho Motor Vehicle Registration fund. **(Your county clerk should have this information.)**
- Grant Funds: Enter grant funds received. This should include EMS Dedicated and Training Grant funds and grants from other sources, such as Bureau of Homeland Security, Transportation Department, etc..
- Patient Billing: Enter the amount collected from patient billing.

- Donations / In Kind Contributions: Enter the amount received from donations and contributions. If these funds are for a specific purpose, enter an explanation.
- 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.
- Investment Income: Enter the income received from any investments, such as interest or dividends.
- Other: Enter and identify any other income amount not previously declared.
- Total: Enter the total income from the above column.

Expenses:

- Personnel: Enter the total amount of personnel related expenses.
- Operating: Enter the total amount of operating expenses.
- Capital: Enter the total amount of capital equipment or improvements.
- Other: Enter and identify any other expense from categories not listed above.
- Total: Enter the total expenses from the above column.

Fiscal Verification Contact:

- Enter the name of the person who maintains your financial information and can verify the information submitted on the application.
- Enter the phone number for this person.
- Enter an alternate means for reaching this person (cell phone, pager, e-mail address, fax, etc.).

III. COMMUNICATION EQUIPMENT APPLICATION

Equipment Requested:

The following equipment may be requested:

1. Vehicle-mounted radios, P-25 compliant
2. Portable/handheld radios, P-25 compliant
3. Base stations, P-25 compliant
4. Upgrade equipment to include software, FCC license fees, antennas, repeaters, etc.- P-25 compliant

Priority: If your agency is applying for more than one type of communication equipment enter each type on a separate line. List the priority for each type as indicated in the table. *(for example: Priority 1 Handheld radios, Priority 2 Vehicle-mounted radios, etc.)*

Vehicle-mounted Radios

- Priority: See above
- Quantity: List the quantity needed to have all EMS vehicles 100% P-25 compliant *(multiple quantities may be listed on same line).*

\$ Request: There is a maximum of \$2,500 per radio. *(for example: if three radios are needed to have your EMS vehicles P-25 compliant, the \$ Request would be \$7,500.)* Vendor price quotes are not required.

- Total Current EMS Fleet Vehicles: Enter the total number of vehicles in your fleet. *(for example: ambulances, medical rescue vehicles, rescue/extrication vehicles.)*

- Location of Radios and # of Radios: Indicate the number of P-25 compliant radios in each type of vehicle and the number of non-compliant radios in each type of vehicle.

for example:

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			
6	Ambulance	2	√		Communications from Vehicle	Good	3
	Ambulance	1		√	Communications from Vehicle	Fair	5
	Medical Rescue	1		√	Communications from Vehicle	Good	4
	Medical Rescue				Communications from Vehicle		
	Rescue Extrication	1	√		Communications from Vehicle	Good	3
	Rescue Extrication	1		√	Communications from Vehicle	Poor	7

- Condition of Radios: Use the following terms to indicate the radio condition (see example above):
 - “Excellent” – is in excellent mechanical condition and needs no reconditioning or repair.
 - “Good” – is free of any major defects and has no major mechanical problems.
 - “Fair” – has some mechanical or cosmetic defects and may need minor servicing but is still in reasonable operating condition.
 - “Poor” – has severe mechanical and/or cosmetic defects and is in poor operating condition.
 - “Very Poor” – is barely able to function and is generally deemed to be un-repairable.
- Age of Radios: Indicate the number of years since the radios were purchased (see example above).

Attach additional sheet if necessary.

Portable/Handheld Radios

- Priority: See above
- Quantity: List the quantity needed to have all currently used EMS handheld radios 100% P-25 compliant (multiple quantities may be listed on same line).
- \$ Request: There is a maximum of \$1,575 per radio. This maximum price should include the radio, antenna, rechargeable battery and a belt clip, if necessary. (for example: if three radios are needed to replace your non-compliant radios, the \$ Request would be \$4,725.) Vendor price quotes are not required.
- Total Currently Used EMS Handheld Radios: Enter the total number of handheld radios in current use in your agency.

for example:

Inventory of Currently Used Equipment	Current Quantity	Description	P-25 Compliant		Purpose	Condition (see Instructions)	Age - Years
			Y	N			
12	6	Motorola #AAH25KDF9AA5AN	√		Administrative personnel communications	Excellent	1
	4	GE Portable		√	Personnel communications	Fair	4
	2	Motorola Portable		√	New personnel communications	Fair	5

Attach additional sheet if necessary

- Description: (See example above)
- Purpose: (See example above)
- Condition of Radios: Use the following terms to indicate the radio condition (See example above):
 - “Excellent” – is in excellent mechanical condition and needs no reconditioning or repair.
 - “Good” – is free of any major defects and has no major mechanical problems.
 - “Fair” – has some mechanical or cosmetic defects and may need minor servicing but is still in reasonable operating condition.
 - “Poor” – has severe mechanical and/or cosmetic defects and is in poor operating condition.
 - “Very Poor” – is barely able to function and is generally deemed to be un-repairable.
- Age of Radios: Indicate the number of years since the radios were purchased. (See example above)

Base Stations

- Priority: (See above)
- Location: Indicate the desired location of the base station(s).
- Quantity: Request the quantity of P-25 compliant base stations.
- \$ Request: Submit a price quote from a vendor with your request amount.

Base Station Upgrade & Miscellaneous Items

- Priority: (See above)
- Description: List the specific equipment needed to upgrade existing base station(s) to reach P-25 compliancy.
- Location: Indicate the present location of your base station(s).
- Quantity: Request the quantity of specific equipment needed to upgrade all currently used base stations to reach P-25 compliancy.
- \$ Request: Submit a price quote from a vendor for each item with your request amount.

Currently Used Similar Equipment:

- Current Quantity: List the current number of each base station(s) that is P-25, compliant.
- Location: Indicate the present location of your base station(s)
- Condition of Base Station Equipment: Use the following terms to indicate the base station equipment condition that is to be replaced:
 - “Excellent” – is in excellent mechanical condition and needs no reconditioning or repair.
 - “Good” – is free of any major defects and has no major mechanical problems.
 - “Fair” – has some mechanical or cosmetic defects and may need minor servicing but is still in reasonable operating condition.
 - “Poor” – has severe mechanical and/or cosmetic defects and is in poor operating condition.

- “*Very Poor*” – is barely able to function and is generally deemed to be un-repairable.
- **Age of Base Station:** Indicate the number of years since the base station equipment was purchased or upgraded.

Follow the above instructions for each type of communication equipment requested, with priority indicated.

Total Amount of Equipment Requested: Enter the total dollar amount of all requested items.

IV. SIGNATURE

Authorized Signature:

The person authorized to sign for your agency on most recent Agency Licensure Application should sign on the line indicated.

Name and Title of Signer:

Enter the name and title of the person who has signed the grant application.

Date:

Enter the date the application is signed.

Required Attachments:

Request for Taxpayer Identification Number and Certification (W-9)

Complete form and return with your agency application.

NIMS Compliance Form

Must meet all NIMS criteria by 8/8/08. (*See “Guidance” document for instructions*)

Vendor Price Quote(s)

Required for Base Station and Base Station Upgrades and other Miscellaneous equipment only.

Required Information for Eligibility:

- County/Tribal Interoperability Emergency Communication Plan approved by the State Interoperability Executive Council (SIEC) by 5/30/2008 (*copy is not required with grant application*).
- All **information** required for the thirteen (13) categories listed at the end of the application form must be supplied to maintain eligibility for this grant.
- Providing false or incomplete information on any application or document being submitted is grounds for declaring the applicant ineligible.
- Applications will be eligible for consideration only if postmarked or hand delivered to the EMS Bureau Central Office no later than 5 pm MST **May 30, 2008**.
- Late or incomplete applications shall be excluded from consideration for any award.

If your agency does not wish to apply for a grant award, please sign and return the enclosed *Application Declination and Yielding of Authority for Application* letter to the EMS Bureau indicating the reason you wish to decline and the yielding of application authority to your County Emergency Manager. Your County Emergency Manager should be notified of your decision.