State of Maine

Public Utilities Commission

Emergency Services Communication Bureau



**Dispatch Center Consolidation**

**Grant Application**

**All applications shall be filed electronically:**<https://mpuc-cms.maine.gov/CQM.Custom.WebUI/Registration/UserRegistrationForm.aspx>.

**Applications will be received on a rolling basis contingent on availability of funds.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | Name of Applicant Entity | |  | | |
|  | Address  City | |  | | |
|  | City/Town/Zip | |  | | |
|  | Telephone Number | |  | | |
|  | Fax Number | |  | | |
|  | Website | |  | | |
|  |  | | | | |
|  |  | | | | |
| **2.** | Name/Title of Authorized Signatory | |  | | |
|  | Telephone Number | |  | | |
|  | Fax Number | |  | | |
|  | Email Address | |  | | |
|  |  | | | | |
|  |  | | | | |
| **3.** | **Name/Title of Program Manager** | |  | | |
|  |  | |  | | |
|  | Telephone Number | |  | | |
|  | Fax Number | |  | | |
|  | Email Address | |  | | |
|  |  | |  | | |
|  |  | | | | |
| **4.** | Total Grant Program funds requested. | | | **$** | |
|  |  | | |  | |
| **5.** | Goal and Desired Outcome | | |  | |
|  | Through its submission of this application to the Public Utilities Commission, Emergency Services Communication Bureau the applying governmental entity affirms that the primary goal of the Dispatch Consolidation Grant programis to support the consolidation of dispatch only emergency communication centers into existing PSAPs to maximize effective emergency 911 and dispatch. | | | | |
|  |  | | | | |
| **6.** | *Sign below to acknowledge having read and agreed to the grant conditions and reporting requirements listed in the grant guidelines.*    ***Signed under the penalties of perjury this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_***  ***.*** | | | | |
|  |  |  | | | | |
|  |  | **ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY**  **(in blue ink)** | | |  | |

**ELIGIBLE COSTS**

Applicants must provide the Bureau with a detailed list of eligible costs related to the consolidation for which the dispatch center is seeking grant funds, this should contain the applicant’s best estimates of these costs and may include costs to towns for dispatch services being moved to the PSAP, such as moving equipment and reprogramming frequencies as they are not able to apply directly.

In the event that nonrecurring costs incurred with the consolidation are greater than what the applicant estimated and requested, the applicant may amend its application and the Bureau will consider the request for additional grant funds subject to fund availability. Before receiving grant funds, the applicant shall provide supporting documentation to the Bureau for the actual costs incurred related to the consolidation (e.g., itemized bill and proof of payment (e.g. a copy of the check/cancelled check/electronic funds transfer number)) and documentation that the consolidation was completed.

The Bureau may request additional or clarifying information deemed necessary to properly evaluate the application.

|  |  |
| --- | --- |
| **BUDGET WORKSHEET**  Itemize below the expenses you are applying for. Allowable non-recurring costs that would be eligible include:   1. Moving of existing emergency telecommunications system; 2. Costs associated with providing for additional functional capacity at the regional   PSAP;   1. Changes to existing radio systems of the affected parties that are required by the   move;   1. Emergency telecommunications equipment required by the regional PSAP to   facilitate the incorporation of another municipality;   1. A study or plan for consolidation into an existing PSAP to be reimbursed if   consolidation occurs, the cost for the study or plan shall not exceed $15,000; and   1. Incidental construction or remodeling costs of the PSAP to accommodate the   consolidation.   1. The Commission, in its discretion, may determine that additional types of nonrecurring costs are eligible for grant funds. Please list any additional costs here. | |
| **ITEM** | **TOTAL** |
| A. | $ |
| B. | $ |
| C. | $ |
| D. | $ |
| E. | $ |
| F. | $ |
| G. | $ |
| **TOTAL\*** | **$** |

\*Total amount must exactly match amount requested on application page

**ATTACH QUOTES OR ESTIMATES (WITH SUPPORTING**

**DOCUMENTATION FROM THE VENDOR)**

**ADDITIONAL INFORMATION FROM DISPATCH CENTERS THAT ARE PLANNING TO CONSOLIDATE**

Please include the following information on a separate sheet or sheets:

1. A brief narrative on how the consolidation came about and expected public safety benefits, such as operational, improvement or enhancement in services provided to the public and or ability to respond to 911 calls;
2. A detailed description of the emergency services offered by the dispatch center that will be relocated to the PSAP*, this may include services related to all towns that are dispatched through the applying dispatch center that will be consolidated into the PSAP as they are not allowed to apply directly*; and
3. A letter from the PSAP that the dispatch center is consolidating into attesting to that fact, any work done to date to consolidate and the expected timing of the consolidation.

(Please use additional pages if needed.)

**ADDITIONAL INFORMATION FROM DISPATCH CENTERS THAT HAVE ALREADY CONSOLIDATED**

1. A brief narrative on how the consolidation came about and public safety benefits from the consolidation, such as operational, improvement or enhancement in services provided to the public and or ability to respond to 911 calls;
2. A detailed description of the emergency services offered by the dispatch center that were relocated to the PSAP, *this may include services related to all towns that are dispatched through the applying dispatch center that will be consolidated into the PSAP as they are not allowed to apply directly*; and
3. A letter from the PSAP that the dispatch center consolidated into attesting to that fact and the date consolidation was completed.

(Please use additional pages if needed.)