Round 2 PSAP Grant Program Application

Application complies with Wis. Stat. §256.35(3s)(bm) and Wis. Admin. Code DMA § 2. Completion of the form is voluntary; however, lack thereof will prevent grant processing.

INSTRUCTIONS: Submit completed form with required documentation to interop@widma.gov by the deadline specified in the grant announcement. If you are experiencing issues submitting your application, call (608) 888-5501 for assistance.

SECTION 1: Applicant Information	
AGENCY NAME	
PHYSICAL ADDRESS	**MAILING ADDRESS** (Leave blank if same as physical address)
Main Point of Contact	
NAME	TITLE
EMAIL	PHONE NUMBER
Secondary Point of Contact (must be different from above)	
NAME	TITLE
EMAIL	PHONE NUMBER
Signatory Official	
NAME	TITLE
EMAIL	PHONE NUMBER

Section 2: Project Narrative

A. Provide a summary of the proposed grant project(s) to be funded during the grant period.

B. Provide a proposed timeline for your project(s), including proposed start/end date, anticipated purchasing process plan and implementation schedule. Timeline should not exceed June 1, 2026.

Section 3: Proposed Project Budget

A. Provide a narrative for the proposed budget. The detail provided in the narrative must be sufficient so that reviewers can interpret what each identified cost is and how costs were estimated or calculated in the budget details in Section 3B based on the vendor quotes provided. The narrative must also identify the source of the local match required. The budget may include multiple projects. Grant funds cannot be used for existing contracts or costs beyond the grant performance period.

B. Budget Details. Based on the narrative provided in Section 3A, enter the grant costs into the associated cost categories below. The total in the last row should reflect the entire amount to be funded with both the state share and any required local share/match. The state and local share are automatically calculated based on the required percentage and total cost of the grant project(s). The budget may include multiple projects.

Cost Category	Item(s) Description – List all proposed grant funded items			Total Cost
Equipment Hardware & Software				
Other Services				
	State Share: 90% **of Total**	**Local Share/Match:** 10% **of Total**		**Total:**

Section 4: Grant Project Sustainability Plan

A. Provide a narrative for the proposed sustainment and maintenance of any grant-funded activities after the grant period has ended. Applicants must demonstrate that any projects that extend beyond the grant period will be sustained.

B. Provide a narrative that demonstrates your regular operating budget will not decrease as a result of receiving this grant award.

Section 5: Standards Compliance Certification

By signing this application form, the Applicant certifies, to the best of their ability, that the information provided below is true and accurate at the time of this grant application. The Applicant also certifies that the below basic training and service standards will be maintained during the grant period. The 911 Subcommittee may choose to audit any applicant based on the responses to these questions.

Please review the statements carefully and check "yes" if the requirement has been met/will be maintained during the grant period and "no" if the requirement has not been met or cannot be maintained during the grant period.

Yes ☐ No ☐	**1.** The applicant is a Designated PSAP as required by Wis. Admin. Code DMA § 2.03. See FY25 PSAP Grant Announcement, Section 2.1 for additional details.
Yes ☐ No ☐	**2.** The applicant has a basic training program (either commercially available or in-house) that provides at least 40 hours of instruction to telecommunicator/dispatch staff.
Yes ☐ No ☐	**3.** The basic training program covers general knowledge and awareness of geography, population and demographics served by the applicant, including other emergency services agencies and their jurisdictions.
Yes ☐ No ☐	**4.** The basic training program provides an overview of the Incident Command System (ICS), National Incident Management System (NIMS), interoperable communications plans, and emergency operations plans.

Yes ☐
No ☐
	5. The basic training program reviews procedures for:
	    a) Accurately processing and relaying caller information
	    b) Obtaining complete caller information
	    c) Properly classifying and prioritizing requests for emergency services
	    d) Processing available caller information to identify conditions that may affect safety
	    e) Operating and responding to emergency alerts
	    f) Processing and documenting records and operating records systems

Yes ☐ No ☐	**6.** The basic training program instructs telecommunicators in the appropriate use of emergency services terminology and the ability to communicate clearly in written and oral form, especially when relaying emergency information and communicating with the public.
Yes ☐ No ☐	**7.** The basic training program includes initial training in the applicant's continuity of operations plans and provides annual refresher training to all telecommunicators on the applicant's plans.
Yes ☐ No ☐	**8.** The applicant has implemented a policy that prohibits a telecommunicator from handling 9-1-1 calls without direct supervision until the telecommunicator has completed the basic training program.
Yes ☐ No ☐ N/A☐	**9.** If any telecommunicators were hired prior to submitting this grant application, the newly hired telecommunicators were scheduled to begin the basic training program before the grant application deadline and will complete the program within 12 months of starting the training.
Yes ☐ No ☐	**10.** Any telecommunicators hired after submission of this grant application will begin basic training within 12 months of their hiring date.
Yes ☐ No ☐	**11.** The applicant has implemented Emergency Medical Dispatch (EMD) protocols at the agency or transfers EMD-related calls to a 3rd party provider. The EMD training organization used meets the standards set by the 9-1-1 Subcommittee. See FY25 PSAP Grant Announcement, Section 2.4. for additional details.
_____	**11.a.** If yes to #11, enter the date in which EMD protocols were implemented at the agency or the date in which EMD-related calls began to be transferred to a 3rd party provider. **If no to #11, skip to #12.**
Yes ☐ No ☐	**12.** If no to #11, within 3 years of the first grant award under this grant program, the applicant will implement EMD protocols at the agency or contract to transfer EMD-related calls to an authorized 3rd party such as another PSAP that has implemented the required EMD protocols. ***If yes to #11, skip to #13***.
Yes ☐ No ☐	**13.** The applicant agency receives both wireline and wireless 9-1-1 calls directly.

Yes ☐ No ☐	**14.** The applicant operates 24 hours per day, seven days per week.
Yes ☐ No ☐	**15**. A minimum of two telecommunicators are on duty and available to receive and process 9-1-1 calls while the applicant agency is in operation.
Yes ☐ No ☐	**16.** 90% of all 9-1-1 calls are answered within 10 seconds, and 95% of 9-1-1 calls are answered within 20 seconds.

Yes ☐
No ☐
	17. The applicant has established a continuity of operations plan (COOP) that addresses all of the following topics:
	   a) The PSAP's operational processes that identify key communications and IT components.
	   b) Any processes required to recover PSAP operations.
	   c) Roles and responsibilities of a communications response team that may be deployed to restore PSAP operations.
	   d) Employee training exercises necessary to implement and maintain the COOP.
	   e) Interoperable communications planning and operations.
	   f) A list of essential contacts, including PSAP and emergency services staff within the agency.
	   g) A list of priority services available during disruptions to the designated public safety answering point operations
	   h) Identification of any alternate operations site. (NOTE: This may also include any alternate routing agreements and procedures with outside jurisdictions capable of handling 9-1-1 calls from the PSAP in the event of system failure or facility abandonment.)

Section 6: Authorized Signature

_____   _____

Signatory Official Printed Name   **Date**

Lisa Wilson
_____

Signatory Official Signature