

Maryland 9-1-1 Board

REQUEST FOR PROJECT FUNDING FROM THE MARYLAND 9-1-1 TRUST FUND

Pursuant to Public Safety Article § 1-306(b)(12) and COMAR 12.11.03.14



Funding requests can only be made through the PSAP Director or 9-1-1 Administrator of the County PSAP or Baltimore City. Funding requests must be received no later than two weeks before the Board Meeting where the request will be presented.

Total Funding Request:

Date:

County PSAP:

Items The Trust Fund Does Not Fund

- Funding that does not directly relate to answering and processing 9-1-1 calls/sessions.
- Governmental personnel salary or overtime costs.
- Computer Aided Dispatch (CAD) Systems (Only interfaces).
- Public-Safety Radio Communications Systems and Equipment.
- Other costs associated with police, fire, or EMS personnel "responding" to requests for emergency service.
- 9-8-8 Suicide Prevention Hotline.

DESCRIBE PROJECT FUNDING REQUEST

1. Describe the Nature of the Improvement, Enhancement, or Replacement Being Requested:

Attach Additional Pages as Necessary

PROJECT INFORMATION - CONTINUED

2. Was this funding request included in your PSAP's "3-Year Funding Plan"?

Yes No

If No, describe why this request is not part of your "3-Year Funding Plan."

3. Did you meet all the requirements of your county's procurement regulations?

(e.g., legal, technology, finance, procurement, etc.)

Yes No

If No, please explain why not?

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.](#)
- Cooperative Purchasing Agreement
- Other [Click or tap here to enter text.](#)

4. 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

If Yes, please describe.

5. Is this project part of a larger program of improvement for the PSAP?

Yes No

If Yes, please describe.

6. When do you anticipate the start and completion of your project or purchase (provide a project “timeline” from start to completion)?

7. Is this a request for the project funding to be heard in a closed session?

Yes No

If Yes, please provide justification of what needs to be heard in closed session in accordance with Open Meeting Act (OMA), at General Provisions § 3-305(b).

***** IMPORTANT *****

Please attach supporting documents (including pricing) of the items (be as detailed as possible) that are part of your project funding request.

Be prepared to discuss your answer when presenting this project to the Board.

AUTHORIZATION TO REQUEST 9-1-1 FUNDING

I certify that, to the best of my knowledge and belief, the data in this Request for Project Funding from the Maryland 9-1-1 Trust Fund application (“application”) is true and accurate. I affirm that the signature of this application has been duly authorized by the PSAP Director and the authorizing PSAP. The authorizing PSAP affirms that it will comply with all 9-1-1 Board Policies, Public Safety Article § 1-306(b)(12), and COMAR 12.11.03.14 if the application is approved.

PSAP Director (please print): _____

PSAP Director Signature

Date

Authorized PSAP point of contact:

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

County PSAP: _____

PSAP Mailing Address:

City: _____

Zip Code: _____

PSAP Location Address:

City: _____

Zip Code: _____

**MAIL TO: Maryland 9-1-1 Board
7229 Parkway Drive
Hanover, MD 21076**

EMAIL TO: 911projects.requests@maryland.gov

MARYLAND 9-1-1 BOARD USE ONLY

Approved _____ **Date** _____

Returned _____ **Date** _____

Return Request: **Amendments** **Additional information**

Disapproved _____ **Date** _____

Explanation for decision: