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| --- | --- | --- | --- | --- | --- |
| **Agency Name:** | |  | | | |
| **Address:** | |  | | **County:** |  |
| **Point of Contact (POC): (POCV:** | |  | | | | | |
| **POC Email Address:** | |  | | **POC Phone:** |  | | |
| **Project Title:** | |  | | | | | |
| ***SCOPE OF WORK*** | | | | | | | |
| Provide a detailed description of the project: *(Attach additional documentation if necessary)* | | | | | | | |
| Has any work been started or completed on this project? Please explain. | | | | | | | |
| List the specific area affected by the proposed project (County/City): | | | | | | | |
| Number of individuals this project will serve (Population): | | | | | | | |
| Does the project protect a critical facility? If yes, please explain: | | | | | | | |
| Please describe how this project will enhance public safety personnel’s ability to perform their job duties and or what benefit the agency hopes to gain with this project.  ***Please submit any plans, proposals, etc. that will support your scope of work.*** | | | | | | | |
| ***PROJECT SCHEDULE*** | | | | | |
| *Please include all tasks necessary to implement this communications project, the duration for each task, and who will complete it.* | | | | | |
| *Description of Task* | | *Duration* | *Work Completed By* | | |
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| ***PROJECT COST EST/MATE*** | | |
| *Project Cost estimates should show total costs associated with the project.* | | |
| *Item Name* | | *Cost Estimate* |
|  | |  |
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| **Total Cost Estimate:** | |  |

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| --- | --- | --- |
| ***BREAKDOWN OF TOTAL COST SHARE*** | | |
|  | *Amount* | *Percentage* |
| ***Anticipated State Share:*** |  |  |
| ***Anticipated Non-State Share:*** |  |  |
| ***Source for matching funds:*** | | |

***All information in this application is true and correct and the document has been duly approved by the governing body of the applying agency.*** ***The signature below must be a person with legally binding authority over the Applicant Agency. For city government, the Mayor; for county government, the County Judge.***

# 

# Name/Title

# 

# Signature

# 

# Date

# **Notes:**

# **Current cost-match is 75% State and 25% local**

# **Generators, sirens, warning systems, paging systems and body worn cameras are not eligible**

# **An AWIN Application must accompany this Grant Application**

# **All applications must be received by AWIN Administration no later than 4:30 p.m. on February 15, 2023**

# Completed Applications should be scanned and sent via email to:

# Arkansas Public Safety Communications Grant Program

# Arkansas Division of Emergency Management

# Arkansas Wireless Information Network

# AWIN.applications@adem.arkansas.gov

## Disclaimer: This is an application and does not constitute funding approval by ADEM or AWIN.

## **DO NOT begin project without prior written approval**

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